

The Health of Bradford

1955



THE ANNUAL REPORT OF THE MEDICAL OFFICER
OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

JOHN DOUGLAS, M.D., D.P.H.

Contents

	Page
SECTION 1 SOCIAL CIRCUMSTANCES AND VITAL STATISTICS	1
(Population; Employment; Meteorology; Vital Statistics; Births; Deaths; Stillbirths and Infantile Mortality; Maternal Mortality)	
SECTION 2 INFECTIOUS AND OTHER DISEASES ..	19
(Notifiable Diseases—scarlet fever, measles, whooping cough, acute anterior poliomyelitis, meningococcal infection, acute encephalitis, puerperal pyrexia, ophthalmia neonatorum, dysentery, infective enteritis, food poisoning, salmonellosis, pneumonia, influenza, erysipelas, tuberculosis; the Bradford Chest Clinic; Vaccination and Immunisation; Venereal Diseases; New Claims for Sickness Benefit)	
SECTION 3 CARE OF MOTHERS AND YOUNG CHILDREN	39
(Expectant and Nursing Mothers; Child Welfare Clinics; Day Nurseries; Nurseries and Child Minders Regulations Act; The Unmarried Mother; Municipal Midwifery Service; Midwifery Training School; Silver Jubilee Home, Heysham; Health Visitors' Training Course; Health Visiting; Dental Clinic)	
SECTION 4 CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES ..	53
SECTION 5 SCHOOL HEALTH SERVICE	63
(Staff; Medical Inspection; Infectious Diseases; Co-operation of Parents, Teachers, etc.; Periodic Medical Inspections; School Clinics; Treatment of Warts and Enuresis; School Nursing; Immunisation; Cases seen by Ophthalmic Surgeon; Special Educational Treatment; Physiotherapy; Ultra Violet Ray Therapy; Speech Therapy; Lip Reading; Chiropody; Child Guidance Clinic; Linton Residential Special School for Delicate Pupils; Lister Lane Special Day School for Physically Handicapped Pupils; Baildon Residential School for Physically Handicapped Pupils; McMillan School for Educationally Sub-normal Pupils; Odsal House Special Day School for Deaf Pupils; Temple Bank Special School for Partially Sighted Pupils; School Dental Clinic; Appendix—Medical Inspection Returns)	

Contents (contd.)

	Page
SECTION 6 MENTAL WELFARE	107
(Administration; Work Undertaken in the Community)	
SECTION 7 PREVENTION OF ILLNESS, CARE AND AFTER-CARE	121
(Home Nursing Equipment; Convalescent Home Treatment; Free Milk—Tuberculous Persons; Home Nursing; Domestic Help; Health Education)	
SECTION 8 GENERAL HEALTH SERVICES	133
(Disposal of the Dead by Cremation; Welfare Foods; Blind and Partially Sighted Persons)	
SECTION 9 AMBULANCE SERVICE	139
SECTION 10 INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES	145
(Food Premises; Milk Supply; Ice Cream; Food and Drugs; Pharmacy and Poisons; Fertilisers and Feeding Stuffs; Meat Inspection; Other Foods)	
SECTION 11 ENVIRONMENTAL HYGIENE	159
(District Inspection; Common Lodging Houses; Hygiene in Factories and Workplaces; Outworkers; Rag Flock and Other Filling Materials Act, 1951; Shops Act, 1950; Heating Appliances (Fireguards) Act, 1952; Rodent Control; Smoke Abatement; Measurement of Atmospheric Pollution; Housing; Bradford Corporation Act, 1949; Disinfection and Disinfestation; Water Supply)	

	Page
APPENDIX	177

TABLES

Table	1	Vital Statistics of Whole District, 1945-1955
"	2	Vital Statistics in Bradford, 1920-1955
"	3	Public Health (Tuberculosis) Regulations, 1952. Summary of Notifications of Tuberculosis during 1955
"	4	Age Distribution of Cases of Infectious Disease, 1955
"	5	Dental Care of Expectant and Nursing Mothers and Pre-School Children. Summary of Work Done, 1955
"	6	Food Premises Registered under Section 14, Food and Drugs Act, 1938, and Dairies Registered under Milk and Dairies Regulations, 1949-1954. Number of Inspections, 1955
"	7	Number of Food Premises by Type of Business, as at 1955
"	8	Number of Shops, and Premises other than Shops to which the Shops Act, 1950 applies (not included in Table 7) by Type of Business, as at 1955
"	9	Administration of the Food and Drugs Act, 1938, and Shops Act, 1950, during 1955
"	10	Inspections and Contraventions under the Shops Act, 1950, during 1955
"	11	Number of Samples Procured and Examined in 1955
"	12	Feeding Stuffs Samples taken in 1955
"	13	Fertilisers Samples taken in 1955
"	14	Meat Inspection—Carcases Inspected and Condemned, 1955
"	15	Whole Carcases and Organs Condemned, 1955
"	16	Partial Carcases and Organs Condemned, 1955
"	17	Total Weight of Meat Condemned, 1955
"	18	Various Condemned Foods, 1955
"	19	Condemned Tinned Goods, 1955
"	20	Particulars of Work Done by District Sanitary and Housing Inspectors during 1955, with Comparative Figures for 1954
"	21	Factories Acts, 1937 and 1948. Inspections for purposes of Provisions as to Health in 1955.
"	22	Summary of Work Executed in Factories and Workplaces, 1955
"	23	Number of Outworkers Engaged in Various Trades as at August, 1955
"	24	Atmospheric Pollution—Annual Deposits, 1945-1955
"	25	Atmospheric Pollution—Mean Monthly Deposits, 1955
"	26	Housing Acts Statistics, 1955

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Preface

The following report on the health of the city has been compiled along the lines laid down by the Ministry of Health.

The year 1955 has been on the whole a good year. It was the tenth post-war year and I give below comparable statistics for the years 1946 and 1955.

	1946	1955
Population	279,004	286,400
Births.. .. .	5,404	4,641
Birth rate per thousand population	19·39	16·20
Deaths	4,319	4,012
Death rate per thousand population	14·46	13·59
Infant Deaths	265	130
Infantile Mortality Rate	49	28·6
Stillbirths	157	93
Stillbirth Rate	28·23	20·04
Maternal Deaths	8	2
Maternal Mortality Rate	1·43	0·43
Pulmonary Tuberculosis Deaths ..	130	29
Rate per 100,000 population ..	46	10
Non-pulmonary Tuberculosis Deaths	20	3
Rate per 100,000 population ..	7	1
Deaths from Bronchitis	237	272
Deaths from Pneumonia	172	264
Deaths from Cancer of the Lung ..	62	130

The outstanding feature of the comparison is the five-fold decrease in deaths from all forms of tuberculosis and the 40 per cent. reduction in the infant mortality rate. In addition to the great reduction in deaths of children under one year, there has also been a considerable reduction in deaths in all the age groups up to 40. This reduction of mortality in early life over the last ten years is a continuance of a trend which has been in evidence during the first half of the century. An infantile mortality rate of 28 for this city is very satisfactory in comparison with the figure 49 for 1946, but rates of 20 and less are being achieved in this and other countries.

Analysis of the infant deaths shows that the improvement which has taken place is in respect of deaths of infants who survive the first week of life. Deaths of infants in the first week of life remain substantially the same as ten years ago—similarly there has been little reduction in the number of stillbirths, facts which point to a need for re-examination of our standards of ante-natal care, particularly in

respect of the early ascertainment of the pregnancy toxæmias. Outstanding work at St. Luke's Maternity Hospital has shown the need for weekly examination of certain expectant mothers after the 24th week of pregnancy. This has already been arranged for women booked for hospital confinement and is about to be extended to women confined in their own homes. In this way it is hoped that by the early ascertainment of incipient toxæmias the affected patients may be removed to hospital and given appropriate treatment with beneficent effect on both mother and child. For the successful completion of this scheme, it will be necessary for an increased number of ante-natal beds to be made available at St. Luke's Maternity Hospital.

Although much can still be done, therefore, to reduce deaths and sickness in early life, it can be claimed that largely morbidity and mortality in this age group can and have been brought under some degree of control. This is very much so as far as the communicable diseases are concerned with the exception of poliomyelitis, though in this disease also the outlook is encouraging. The same cannot be said, however, with respect to the conditions causing sickness and death in the middle and older age groups. These conditions are broadly the degenerative diseases associated with the ageing process. The most typical is arterio-sclerosis which is responsible for an increasing number of deaths in middle-aged men. Diseases of the heart and arteries are responsible for about half of all the deaths which take place, and over the years there has been little or no decrease in the total. In certain categories there has been, in fact, an increase. Deaths from coronary thrombosis, for example, in Bradford, have increased from 528 in 1950 to 628 in 1955, and of these 180 were deaths of persons under 65 years of age.

Diseases of the lung also make a large contribution to the death occurring in the older age groups, and deaths from bronchitis show little or no decrease. On the average about 250 deaths each year are attributable to this cause and a most disquieting feature is the steady increase year by year of deaths from cancer of the lung. There were 130 deaths from this cause compared with 62 in 1946.

As yet, conclusive proof as to the causation of these diseases which take such a toll of the middle-aged and elderly is not forthcoming but evidence is slowly accumulating to incriminate certain factors as possible, or even probable, causes. For example, dietary habits, in particular fat consumption, are thought to be a factor in the production of arterial disease and its consequences such as coronary thrombosis and cerebral thrombosis and premature ageing.

There is very strong statistical evidence of the connection between tobacco smoking, particularly cigarette smoking, and cancer of the lung. Atmospheric pollution, by the imperfect combustion of bituminous fuels is also incriminated, and pollution of the air by other products of combustion of fuels such as petrol and crude oil may also play its part. Chronic bronchitis is certainly a more common disease in the industrial cities of the north, and is undoubtedly associated with the high degree of atmospheric pollution which is present in the damp atmosphere of our northern cities. The adverse effect of atmospheric pollution on the lungs is added to in very many by excessive cigarette smoking.

The Clean Air Bill which received consideration during the year, and which later has become the Clean Air Act, provides at long last reasonably adequate power for local authorities to diminish the pollution of the atmosphere which has such an adverse effect on the health of city dwellers. It is of interest to citizens of this city that the year 1955, which saw the introduction in Parliament of the Clean Air Bill, also saw the coming into operation on 1st April, 1955, of the City of Bradford (Smokeless Zones) Order, 1954. This Order consolidated years of co-operation between the City Council and the tenants of 5,000 post-war houses by declaring as smokeless zones 19 areas in which since December, 1946, the tenancy of each house has been granted subject to the condition that only smokeless fuel be used. In addition to the municipal housing estates an area of 60 acres in the centre of the city has been declared a smokeless zone. In the few winter months that the latter zone has been in operation, an appreciable diminution in the smoke haze over the centre of the city has been remarked upon by many. It is confidently anticipated that the progress already made by virtue of the tenancy agreement clause of December, 1946, will continue at an increased rate under the general powers conferred ten years later by the Clean Air Act of 1956.

Although slum clearance on a large scale has only now in 1955 been resumed, quite a considerable amount of clearance of individually unfit houses has been accomplished each year since 1946, and some 1096 individually unfit houses have been either demolished or closed during the period.

During the year a long-term slum clearance programme was formulated and submitted to the Ministry of Housing and Local Government for approval. The scheme involves the demolition of 11,148 houses in the next 20 years—8,148 in proposed clearance areas and 3,000 as individually unfit houses. In the first five years it is hoped to deal with 3,063 houses by slum clearance procedure, and 750 by individual

demolition orders. Two public enquiries were held during the year, the first in respect of the Picton Street Compulsory Purchase Order including three clearance areas, comprising 245 houses; and the second the Listerhills Compulsory Purchase Order of one clearance area of 190 houses. Confirmations of both Orders with slight modifications have been received and clearance of the areas is in progress.

JOHN DOUGLAS

Medical Officer of Health and
Principal School Medical Officer

Section I

Social Circumstances and Vital Statistics

POPULATION

EMPLOYMENT

METEOROLOGY

VITAL STATISTICS

BIRTHS

DEATHS

STILLBIRTHS AND INFANTILE MORTALITY

MATERNAL MORTALITY

Social Circumstances and Vital Statistics

Population

In 1800 Bradford was a small town, occupying less than 2,000 acres, and having a population of 13,000. The status of Borough was granted in 1847, when to Bradford, and Manningham, were added Horton and Bowling. In 1873 Bolton was added, and in 1882, Heaton, Allerton, Thornbury and Tyersal. County Borough status was granted to Bradford in 1888, and the County Borough became a city in 1897. Thornton, North Bierley, Tong, Idle and Eccleshill were added in 1899, Clayton in 1930 and Esholt in 1935, so that today the City of Bradford occupies over 25,000 acres (approximately 40 square miles).

From 1800 the population doubled during the next twenty years, and in the following eighty years up to 1900 increased to 280,000. At times the population was increasing with such rapidity that it was impossible to estimate it with accuracy between the decennial censuses. The census of 1871 gave the population as 147,000, and successive estimates in the following years culminated in an estimate of 197,000 in 1880. The census of the following year revealed that the figure was in fact only 184,000. Similarly, the estimate for 1890 was 241,000, whereas the census figure of 1891 was 216,000.

Since the beginning of the present century, when the population was 280,000, it has fluctuated considerably, being variously affected by the First World War, the depression of the 1930's and the Second World War. The census of 1931 returned the population as 298,000, and the population at the 1951 census was 292,394.

The results of the 1951 census were discussed fully in the 1951 Annual Report.

The Registrar General's estimate of population since the 1951 census has been as follows:—

Year				Population
1952	..	..	..	288,000
1953	..	..	..	286,600
1954	..	..	..	286,500
1955	..	..	..	286,400

It is worthy of note that during each of the last three years, when the number of live births has been 503, 349 and 536 in excess of the number of deaths, the Registrar General has estimated a yearly decrease in population of 100 persons.

Employment in Bradford

We are indebted to Mr. C. W. Llanwarne, Manager of the Bradford Employment Exchange of the Ministry of Labour and National Service, for the following table:—

TABLE 1 *Estimated Numbers of Insured Employees aged 15 and over in the Bradford Employment Exchange Area in June, 1955*

Industry	Males	Females	Total
Agriculture	279	73	352
Mining and Quarrying	122	5	127
Bricks, Earthenware, Glass, etc.	298	48	346
Chemicals and Allied Trades	869	401	1,270
Metal Manufacture	1,306	107	1,413
Engineering and Electrical Goods	11,141	2,614	13,755
Vehicles, Parts and Locomotive Shops	5,099	960	6,059
Other Metal Goods	1,710	275	1,985
Precision Instruments	94	54	148
Textiles	24,743	26,093	50,836
Leather, Fur	87	73	160
Clothing	624	2,811	3,435
Food, Drink, Tobacco	2,235	1,189	3,424
Wood, Furniture, etc.	1,634	377	2,011
Paper and Printing	2,232	1,785	4,017
Other Manufactures	73	60	133
Building and Civil Engineering	5,699	159	5,858
Gas, Electricity, Water	2,590	167	2,757
Transport and Communication	5,829	904	6,733
Distributive Trades	10,226	9,227	19,453
Insurance, Banking and Finance	1,709	1,126	2,835
National and Local Government	3,184	1,227	4,411
Professional Services	2,700	5,176	7,876
Miscellaneous Services	2,372	5,833	8,205
Ex-Servicemen (not allocated)	42	8	50
Total	86,897	60,752	147,649

(The figures are estimates based partly on the number of national insurance cards exchanged in the quarter beginning June 1955, and partly on returns rendered by employers of five or more workpeople showing the numbers of insurance cards held by them. Adjustments have been made, so far as information is available, in respect of cards held by employers relating to workers in other districts and *vice versa*.)

The table shows that there are 147,649 persons aged 15 and over in employment in the city. The following table shows the equivalent

number for the last six years, with the percentage of the total population of the city.

TABLE 2 *Number of Persons employed, as a Percentage of the Total Population, 1950-55.*

				No. of Persons Employed	Percentage of Population
1950	..	..	..	145,937	49.6
1951	..	..	..	155,153	53.0
1952	..	..	..	147,154	51.0
1953	..	..	..	147,854	51.5
1954	..	..	..	149,332	52.1
1955	..	..	..	147,649	51.6

Meteorology

Bradford is situated in a bowl-shaped depression on the east side of the Pennines, and has a climate typical of its position and altitude. The city extends to 25,000 acres, and varies in altitude from 1,200 ft. at Queensbury to 300 ft. at the city centre and 200 ft. at Esholt.

During 1955, the average of the monthly mean temperatures was 47.4°F, which is about the average for previous years.

Rainfall amounted to 24.42 inches, giving Bradford the driest year since rainfall was recorded for the first time in 1908. The driest month was August (0.82 inches), and the wettest month was December (4.44 inches). The average monthly rainfall was 2.36 inches compared with the normal average of about 2.83 inches. The heaviest daily rainfall was recorded on 23rd March, when 0.82 inches fell. This represented approximately one third of the total rainfall for that month.

There were 1,471 hours of bright sunshine, which is over 200 hours more than the average for a long period. The sunniest month was July with 250.6 hours. January, the month with the least sun, had only 29.4 hours. Maximum sunshine recorded on any one day in the year was on 31st May, when 14.4 hours were observed.

During the year snow fell on 17 days and lay on the ground for a total period of 39 days. Heaviest falls were in December (15 inches) and during that month snow lay on the ground for 5 days. Snow lay on the ground for 16 days in February due to recurring light falls.

Fog was observed on 19 days during the year, and January and November, each with 5 days, were the worst months.

Vital Statistics

The following are the principal vital statistics for 1955, with comparable figures for 1954:—

	1955	1954
Estimated population	286,400	286,500
Comparability factors—(a) births	1.00	1.00
(b) deaths	0.97	0.97
Births (total live and still)	4,641	4,702
Births—Live.. .. .	4,548	4,585
Still	93	117
Crude birth rate per 1,000 population	16.20	16.4
Birth rate as adjusted by factor	16.20	16.4
Deaths	4,012	4,236
Crude death rate per 1,000 population	14.01	14.78
Death rate as adjusted by factor	13.59	14.34
Infantile mortality rate per 1,000 live births	28.6	31.4
Neo-natal mortality rate per 1,000 live births	17.81	20.0
Still birth rate per 1,000 total births	20.04	24.9
Maternal mortality rate per 1,000 total births	0.43	0.42
Tuberculosis rates per 1,000 population:—		
(a) primary notifications—Respiratory	0.89	0.92
Non-respiratory	0.09	0.12
(b) Deaths—Respiratory	0.10	0.11
Non-respiratory	0.01	0.02
Death rates per 1,000 population from:—		
Cancer (all forms, including Leukaemia and		
Aleukaemia)	2.37	2.30
Meningococcal Infections	0.01	0.00
Whooping Cough	0.00	0.00
Influenza	0.06	0.12
Measles	0.01	0.00
Acute poliomyelitis and encephalitis	0.01	0.00
Diarrhoea (under 2 years)	0.01	0.02
Diarrhoea (under 2 years) per 1,000 live births	0.66	1.30

Births

Births registered during the year numbered 4,641 (2,386 males and 2,255 females). The birth rate is 16.2 per thousand of the population compared with 16.4 in 1954.

In Bradford the birth rate reached an average of 31 in 1881–85. Its downward movement since that time is shown in the following table:—

TABLE 3 *Birth Rates, Bradford, 1881-1955*

Period	Rate
1881-85	31.1
1886-90	29.8
1891-95	27.5
1895-1900	25.1
1901-05	22.6
1906-10	20.1
1911-15	19.0
1916-20	15.4
1921-25	17.9
1926-30	15.2
1931-35	13.5
1936-40	13.1
1941-45	14.5
1946	19.3
1947	22.2
1948	18.8
1949	17.3
1950	16.7
1951	16.4
1952	15.9
1953	15.9
1954	16.4
1955	16.2

Adjustment of the Bradford rate by the area comparability factor, which makes allowance for the differing age distribution of the population in different areas, gives the same rate of 16.2 per thousand population.

Of the 4,548 live births registered, 304 or 6.7 per cent were illegitimate. This rate has ranged from a minimum of 4.3 per cent in 1906 to a maximum of 10.8 per cent in 1945.

Deaths

There were 4,012 deaths (1,989 males and 2,023 females) during the year, giving a crude mortality rate of 14.0 per thousand population. Adjustment of the figure by the area comparability factor gives a rate of 13.6. Five of the twenty large towns of England and Wales have rates higher than the rate for Bradford. The rates range between 10.30 and 14.33. The provisional rate for the country as a whole is 11.7.

The following table shows the crude death rate in Bradford in the period 1886-1955:—

TABLE 4

Period	Rate
1886-90	20.9
1891-95	19.7
1896-1900	17.9
1901-05	16.3
1906-10	15.1
1911-15	15.5
1916-20	16.0
1921-25	14.1
1926-30	14.2
1931-35	14.1
1936-40	14.7
1941-45	14.2
1946	14.4
1947	14.7
1948	13.4
1949	14.5
1950	14.2
1951	15.4
1952	13.7
1953	14.2
1954	14.8
1955	14.0

The Bradford rate is usually about 2.0 per thousand higher than the rate for the country as a whole.

The following table shows the distribution of deaths by separate age groups for the past seven years.

TABLE 5 *Deaths by Separate Age Groups, Bradford, 1949-1955*

Age	1949	1950	1951	1952	1953	1954	1955
0-1 ..	191	185	208	152	169	141	130
1-5 ..	40	46	33	29	24	19	12
5-15 ..	24	25	17	18	21	13	17
15-25 ..	40	42	33	20	23	22	25
25-45 ..	195	205	189	156	174	142	157
45-65 ..	992	1,031	1,070	938	966	957	880
65-75 ..	1,272	1,181	1,244	1,087	1,108	1,197	1,157
Over 75 ..	1,469	1,458	1,662	1,307	1,574	1,745	1,634

Table 6 shows the causes of death at different periods of life during 1955.

TABLE 6 Causes of Death at Different Periods of Life, 1955

Disease	AGE GROUPS (both sexes)								Over 75	Total Males	Total Females	Total
	0-1	1-5	5-15	15-25	25-45	45-65	65-75					
1. Tuberculosis, respiratory	—	—	—	1	7	7	10	4	23	6	29	
2. Tuberculosis, other	1	—	—	—	1	—	—	1	1	2	3	
3. Syphilitic disease	—	—	—	—	1	7	4	1	10	3	13	
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping cough	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal infections	1	—	—	1	—	—	—	1	1	2	3	
7. Acute poliomyelitis	—	—	—	2	1	—	—	—	3	—	3	
8. Measles	1	2	—	—	—	—	—	—	1	2	3	
9. Other infective and parasitic diseases	—	—	2	—	2	—	1	1	3	3	6	
10. Malignant neoplasm, stomach	—	—	—	—	4	39	44	28	59	56	115	
11. do. lung, bronchus	—	—	—	1	12	67	33	17	110	20	130	
12. do. breast.. ..	—	—	—	—	7	28	21	13	2	67	69	
13. do. uterus.. ..	—	—	—	—	2	8	8	7	—	25	25	
14. Other malignant and lymphatic neoplasms	—	—	1	2	13	101	111	102	181	149	330	
15. Leukæmia, aleukæmia	—	—	—	—	2	4	5	1	7	5	12	
16. Diabetes	—	—	—	—	2	3	9	6	5	15	20	
17. Vascular lesions of nervous system	—	—	—	—	7	106	176	252	216	325	541	
18. Coronary disease; angina	—	—	—	—	17	180	232	199	359	269	628	
19. Hypertension with heart disease	—	—	—	—	2	29	58	73	79	83	162	
20. Other heart disease	—	—	1	2	14	54	123	391	209	376	585	
21. Other circulatory disease	—	—	—	—	2	53	32	103	62	98	160	
22. Influenza	—	—	—	—	1	7	3	6	12	5	17	
23. Pneumonia	23	1	1	—	4	34	64	137	144	120	264	

10 TABLE 6 Causes of Death at Different Periods of Life, 1955—continued

Disease	AGE GROUPS (both sexes)										Over 75	Total Males	Total Females	Total
	0-1	1-5	5-15	15-25	25-45	45-65	65-75	75						
24. Bronchitis	..	-	-	-	4	63	94	111	186	86	272			
25. Other diseases of respiratory system	..	1	-	-	1	10	7	11	20	10	30			
26. Ulcer of stomach and duodenum	..	-	-	1	2	8	15	8	26	8	34			
27. Gastritis, enteritis and diarrhoea	..	2	1	-	2	4	4	6	9	11	20			
28. Nephritis and nephrosis	..	1	1	1	6	9	5	2	11	15	26			
29. Hyperplasia of prostate	..	-	-	-	-	3	7	5	15	-	15			
30. Pregnancy, childbirth, abortion	..	-	-	1	1	-	-	-	-	2	2			
31. Congenital malformations	..	26	3	1	-	2	2	-	19	15	34			
32. Other defined and ill-defined diseases	..	61	1	5	4	15	53	92	130	157	287			
33. Motor vehicle accidents	..	1	1	1	6	7	3	6	20	12	32			
34. All other accidents	..	13	1	3	-	9	11	25	48	60	108			
35. Suicide	..	-	-	-	3	9	14	3	18	15	33			
36. Homicide and operations of war	..	-	-	-	-	-	1	-	-	1	1			
Totals ..	130	12	17	25	157	880	1157	1634	1989	2023	4012			

The following table shows the relative frequency of the principal causes of death during 1955, with the comparative frequencies for 1954:—

TABLE 7 *Relative Frequency of Principal Causes of Death, Bradford, 1955*

Cause of Death	Number	% of Total Deaths	
		1955	1954
Heart disease	1,375	34.27	36.28
Cancer	681	16.97	15.84
Vascular lesions of nervous system ..	541	13.48	14.77
Bronchitis	272	6.77	6.98
Pneumonia	264	6.58	4.81
Violence.. .. .	174	4.33	4.01
Other circulatory diseases	160	3.98	3.94
Ulcer of the stomach and duodenum..	34	0.84	0.94
Congenital malformations	34	0.84	0.82
Tuberculosis	32	0.79	0.89
Other diseases of respiratory system..	30	0.74	0.54
Nephritis and nephrosis	26	0.67	1.06
Diabetes.. .. .	20	0.49	0.54
Influenza	17	0.42	0.80
Other defined and ill-defined diseases	287	7.15	6.68

The remaining 1.68 per cent of deaths are attributed to the causes numbered 3-9 inclusive; 27, 29 and 30 in Table 6.

Causes of death responsible for greater and smaller percentages of total deaths than in 1954 are as follows:—

<i>Greater</i>	<i>Smaller</i>
Cancer	Heart disease
Pneumonia	Vascular lesions of nervous system
Violence	Bronchitis
Other circulatory diseases	Ulcer of the stomach and duodenum
Congenital malformations	Tuberculosis
Other diseases of respiratory system	Nephritis and nephrosis
Other defined and ill-defined diseases	Diabetes
	Influenza

The number of deaths from the epidemic diseases and from tuberculosis continues to fall, and in 1955 only 0.79 per cent of deaths were attributed to the latter. The same high level of deaths from heart disease, cancer and cerebral haemorrhage was maintained, and almost 5 per cent of deaths were due to these diseases.

Heart Disease

Deaths from coronary disease and angina pectoris during the last x years have been as follows:—

TABLE 8

Year	Number
1950	528
1951	542
1952	556
1953	510
1954	614
1955	628

Cancer, Malignant Neoplasms

There were 681 deaths; a number which differs little from the numbers reported in the last ten years.

The following table shows the increase in the incidence of death from cancer of the lung and bronchus:—

TABLE 9

Year	Number	Males	Females
1932 ..	18		
1936 ..	36		
1940 ..	42		
1949 ..	82		
1950 ..	94		
1951 ..	106	88	18
1952 ..	94	74	20
1953 ..	104	91	13
1954 ..	103	89	14
1955 ..	130	110	20

Intra-cranial Vascular Lesions

This heading includes deaths from cerebral haemorrhage (apoplexy), cerebral embolism and thrombosis. There were 541 deaths (216 males and 325 females).

The following table shows the number of deaths from cerebral haemorrhage, etc., in the period 1945–1955.

TABLE 10

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Males ..	190	188	179	196	240	236	229	240	241	260	216
Females ..	292	267	271	221	287	334	341	301	336	366	325
Total ..	482	455	450	417	527	570	570	541	577	626	541

There has been no significant alteration in the death rate from intra-cranial vascular disease.

Pneumonia and Bronchitis

The following table shows the number of deaths from pneumonia and bronchitis in the period 1945–1955:—

TABLE 11

Pneumonia

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Males ..	102	97	109	93	100	70	112	76	110	96	144
Females ..	73	75	74	80	104	76	97	53	90	108	120
Total ..	175	172	183	173	204	146	209	129	200	204	264

Bronchitis

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Males ..	153	153	199	142	167	177	209	92	197	189	186
Females ..	112	84	115	99	96	90	130	51	98	107	86
Total ..	265	237	314	241	263	267	339	143	295	296	272

In the past ten years there has been no significant alteration in the death rates from these diseases.

Violence

Deaths from violence numbered 174. Suicide accounted for 33, motor vehicle accidents 32, and other accidents, etc., 109.

Tuberculosis

There were 29 deaths from respiratory tuberculosis giving a crude death rate of 0.10, and 3 deaths from other forms of tuberculosis, giving a crude death rate of 0.01 per thousand population.

The crude death rate from all forms of tuberculosis was 0.11.

The following table shows the number of deaths from all forms of tuberculosis and the mortality rate per thousand population for Bradford in the period 1945-55:—

TABLE 12

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Deaths ..	149	150	148	141	141	109	105	73	50	38	32
Rate ..	0.53	0.54	0.51	0.49	0.48	0.37	0.36	0.26	0.17	0.13	0.11

The following table shows the number of deaths from pulmonary tuberculosis and the mortality rate per thousand population for Bradford in the same period.

TABLE 13

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Deaths ..	105	130	121	121	119	92	86	61	40	32	29
Rate ..	0.38	0.47	0.42	0.42	0.41	0.31	0.28	0.23	0.14	0.11	0.10

It will be seen that there has been a great reduction in the death rate from all forms of tuberculosis.

Notifications of respiratory tuberculosis during 1955 numbered 254, notification rate of 0.89 per thousand population. The number for non-respiratory was 25 and the rate 0.09.

The age incidence of the notifications is given in Table 3 in the Appendix.

It is interesting to observe the general preponderance of deaths among males in the diseases of the respiratory tract:—

Disease	Deaths	
	Males	Females
Respiratory tuberculosis	23	6
Malignant neoplasm, lung, etc. .. .	110	20
Influenza	12	5
Pneumonia	144	120
Bronchitis	186	86
Other diseases of respiratory system ..	20	10
	495	247

During 1955 the ratio of males to females in the total deaths was 1 : 1.02 whilst the ratio in diseases of the respiratory tract was 1 : 0.49.

Stillbirths and Infantile Mortality

There were 93 stillbirths—a rate of 20.04 per thousand total births, compared with the 24.9 of 1954. This is the lowest rate among those for the twenty large towns of England and Wales. The highest is 35.03. The rate for England and Wales is 23.1.

The illegitimate stillbirths numbered 10, giving a rate of 2.15 per thousand total births, and representing 10.8 per cent of all stillbirths.

Infantile Mortality

In Bradford during 1955 there were 130 deaths of children under one year of age, giving an infantile mortality rate of 28.6 per thousand live births. This rate is the lowest ever recorded.

The rates for the twenty large towns of England and Wales range between 19.14 and 38.08 in 1955, and the rate for England and Wales is 24.9.

The following table shows the rates for Bradford in the period 1945–1955:—

TABLE 14

Year	..	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Rate	..	65	51	60	43	37	38	43	33	37	31	28

The rate for the country as a whole has shown a steady decrease for many years. The Bradford rate has shown a marked decrease over the the years, but with periodical sharp increases from one year to another.

Year	1950	1951	1952	1953	1954	1955	Cause of Death
Prematurity	33	28	31	22	21	23	Under 1 day
	11	11	15	17	10	6	Under 1 week
	1	1	2	3	2	1	1-2 weeks
	1	1	—	—	—	—	2-3 weeks
	—	—	—	—	—	—	3-4 weeks
	46	41	48	42	33	30	Total under 1 month
	—	—	2	—	1	—	1-3 months
	1	—	—	—	—	—	3-6 months
	—	—	—	—	—	—	6-9 months
	—	—	—	—	1	—	9-12 months
Infections	47	41	50	42	35	30	Total under 1 year
	25-40	19-71	32-05	25-77	23-97	23-62	% of total infant deaths
	9-58	8-55	10-87	9-21	7-53	6-65	Rate per 1000 live births
	3	3	4	6	2	7	Under 1 day
	4	3	2	3	11	8	Under 1 week
	2	1	2	2	2	1	1-2 weeks
	3	2	3	2	3	1	2-3 weeks
	1	2	—	—	1	1	3-4 weeks
	13	11	11	13	19	18	Total under 1 month
	3	4	3	2	5	4	1-3 months
Congenital Malformations	2	—	1	1	3	4	3-6 months
	—	1	1	—	—	1	6-9 months
	—	1	—	1	2	—	9-12 months
	18	17	16	17	29	27	Total under 1 year
	9-73	8-17	10-26	10-43	19-87	21-26	% of total infant deaths
	6-63	3-54	3-48	3-73	6-24	5-93	Rate per 1000 live births
	9	17	10	15	14	11	Under 1 day
	12	12	7	17	10	9	Under 1 week
	—	2	—	—	—	—	1-2 weeks
	—	1	—	—	—	—	2-3 weeks
Birth Injuries and Atelectasis	—	—	—	—	—	—	3-4 weeks
	21	32	17	32	24	20	Total under 1 month
	—	1	2	—	—	—	1-3 months
	—	1	—	—	—	—	3-6 months
	—	—	—	—	—	—	6-9 months
	—	—	—	—	—	—	9-12 months
	21	34	19	32	24	20	Total under 1 year
	11-37	16-35	12-18	19-63	16-44	15-75	% of total infant deaths
	4-25	7-09	4-13	7-01	5-16	4-43	Rate per 1000 live births
	86	92	85	91	88	77	Total under 1 year
Accidental Deaths	—	—	—	—	—	—	Under 1 day
	—	—	—	—	—	—	Under 1 week
	2	—	—	—	—	—	1-2 weeks
	—	—	—	—	—	—	2-3 weeks
	74	94	55	58	41	28	Total under 1 year
	40-00	45-19	35-26	35-58	28-08	22-05	% of total infant deaths
	15-08	19-60	11-96	12-71	8-82	6-20	Rate per 1000 live births
	2	1	—	—	—	—	Under 1 day
	—	—	—	—	—	—	Under 1 week
	—	—	—	—	—	—	1-2 weeks
Other Causes	13	9	7	4	6	13	Total under 1 month
	7-03	4-33	4-48	2-45	4-11	10-24	% of total infant deaths
	2-67	1-88	1-52	0-88	1-29	2-88	Rate per 1000 live births
	—	—	1	3	3	3	Under 1 day
	1	4	4	1	3	2	Under 1 week
	2	—	1	—	—	—	1-2 weeks
	—	—	—	1	1	—	2-3 weeks
	—	—	—	—	—	—	3-4 weeks
	3	4	6	5	7	5	Total under 1 month
	3	5	1	3	4	3	1-3 months
Causes of Death	4	1	—	—	—	—	3-6 months
	—	—	—	—	—	—	6-9 months
	—	—	—	—	—	—	9-12 months
	12	13	12	15	9	5	Total under 1 year
	20	26	19	14	9	4	% of total infant deaths
	26	32	10	15	13	7	Rate per 1000 live births
	12	12	10	8	7	8	Under 1 day
	6	11	4	6	3	4	Under 1 week
	10	13	12	15	9	5	1-2 weeks
	20	26	19	14	9	4	2-3 weeks

The neo-natal mortality rate (the rate of deaths occurring during the first four weeks after birth) was 17·81.

Table 15 gives an analysis of infant deaths in the period 1950–1955.

Table 16 shows net deaths of infants from stated causes in the period 1952–1955.

TABLE 16 *Net Deaths of Infants from Stated Causes, 1952–1955:*

International List No.	Cause of Death	1952	1953	1954	1955
A2	Tuberculous meningitis	—	1	—	—
A3	Tuberculosis of intestines, peritoneum and mes- enteric glands	—	—	—	1
A20	Septicaemia	—	1	1	—
A22	Whooping cough	—	1	—	—
A23	Meningococcal infections	1	2	—	1
A29	Acute infectious encephalitis	—	1	1	—
A30	Late effects of poliomyelitis	1	—	—	—
A32	Measles	—	—	—	1
A57	Malignant neoplasm	1	—	—	—
A71	Non-meningococcal meningitis	1	4	2	—
A78	All other diseases of nervous system and sense organs	—	—	—	1
A88	Influenza	—	—	1	—
A89	Lobar pneumonia	3	1	—	—
A90	Bronchopneumonia	25	23	19	16
A91	Unspecified pneumonia	1	2	1	—
A92	Acute bronchitis	1	4	2	—
A95	Empyema and lung abscess	1	—	—	1
A96	Pleurisy	—	1	—	—
A103	Intestinal hernia and obstruction	—	2	—	—
A104	Gastro-enteritis and colitis over 1 month	8	2	5	1
A107	Other diseases of the digestive system	1	1	—	—
A108	Acute nephritis	—	—	—	1
A124	Osteomyelitis and periostitis	1	—	—	—
A126	Skin diseases	1	—	—	—
A127	Spinabifida and meningocele	6	6	7	2
A128	Congenital malformations of the circulatory system	7	2	12	12
A129	Other congenital malformations	3	9	10	13
A130	Birth injuries	8	18	9	14
A131	Post natal asphyxia and atelectasis	11	14	15	6
A132	Infections of the newborn	12	15	9	5
A133	Haemolytic disease of the newborn	5	4	6	5
A134	All other defined diseases of early infancy	—	3	4	3
A135	Ill-defined diseases of early infancy and im- maturity	50	42	35	30
A137	Ill-defined and unknown causes of mortality	1	—	1	1
E138	Motor Vehicle accidents	—	—	—	1
E140	Accidental death by Poisoning	—	1	—	—
E147	Other accidental causes of death, overlaying, etc.	7	3	6	12
		156	163	146	127

Maternal Mortality

There has been a most gratifying diminution in the number of deaths due to child birth. The rate per thousand total births in 1955 is 0·43.

The following table shows the rate for Bradford in the period 1945-1955:—

TABLE 17

Year	..	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Rate	..	3·27	1·46	1·07	0·88	1·35	1·40	1·23	0·84	0·21	0·42	0·43

Section 2

Infectious and Other Diseases

NOTIFIABLE DISEASES

SCARLET FEVER

MEASLES

WHOOPING COUGH

ACUTE ANTERIOR POLIOMYELITIS

MENINGOCOCCAL INFECTION

ACUTE ENCEPHALITIS

PUERPERAL PYREXIA

OPHTHALMIA NEONATORUM

DYSENTERY

INFECTIVE ENTERITIS

FOOD POISONING

SALMONELLOSIS

PNEUMONIA

INFLUENZA

ERYSIPELAS

TUBERCULOSIS

THE BRADFORD CHEST CLINIC

VACCINATION AND IMMUNISATION

VENEREAL DISEASES

NEW CLAIMS FOR SICKNESS BENEFIT

TABLE 1.
Number of Notifications of Infectious Diseases, 1935—55.

	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Scarlet Fever ..	1,230	1,194	867	896	771	309	302	946	1,543	820	703	409	464	765	531	490	291	626	872	514	332
Measles ..	2,505	3,663	1,682	4,724	742	3,760	1,734	5,328	803	551	4,449	64	4,808	1,027	3,406	3,018	3,771	3,401	2,822	887	5,414
Whooping Cough ..	1,400	1,301	1,184	1,713	193	491	1,958	1,348	781	494	682	942	631	1,404	347	1,623	1,273	634	1,564	617	324
Poliomyelitis ..	5	1	—	—	1	2	—	2	—	4	—	3	86	8	29	52	12	13	15	8	40
Cerebro-Spinal Meningitis	10	9	21	13	6	67	72	85	32	41	24	16	24	14	12	7	3	4	1	7	—
Enteric Fever ..	8	10	9	4	28	26	13	8	2	2	3	8	4	—	—	—	110	2	—	3	—
Dysentery ..	57	24	35	33	72	129	102	213	86	76	101	61	16	138	—	574	322	175	526	637	212
Infective Enteritis ..	2	7	41	22	41	5	11	13	2	2	252	98	259	212	167	445	372	253	550	1,022	1,029
Puerperal Pyrexia ..	40	41	56	57	67	82	43	30	24	25	22	25	40	47	23	24	13	20	24	23	45
Ophthalmia Neonatorum	13	23	28	21	12	15	19	13	20	13	15	36	29	25	16	20	12	9	3	9	7
Pemphigus ..	—	—	—	—	1	18	6	3	—	8	—	—	—	—	—	—	2	3	8	2	—
Erysipelas ..	147	176	144	168	159	147	138	121	123	115	90	95	104	104	101	119	103	97	91	78	50
Pulmonary Tuberculosis ..	232	274	253	194	237	161	167	195	182	150	165	170	168	207	276	149	230	280	305	252	254
Non-Pulmonary Tuberculosis	70	105	100	84	61	30	41	75	51	30	45	55	64	61	83	67	58	53	54	31	25
Pneumonia ..	331	499	514	428	342	382	490	506	430	195	251	241	289	338	445	339	494	407	476	464	382
Diphtheria ..	930	891	872	631	353	246	317	361	588	717	441	144	37	15	19	—	1	—	—	—	—

Infectious and Other Diseases

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The diseases "notifiable" in Bradford are: cholera, diphtheria, dysentery, encephalitis (acute), enteric (typhoid or paratyphoid) fever, erysipelas, infective enteritis, malaria, measles, membranous croup, meningococcal infection, ophthalmia neonatorum, plague, acute primary pneumonia, acute influenzal pneumonia, poliomyelitis (acute), puerperal pyrexia, relapsing fever, scarlet fever, smallpox, tuberculosis, typhus, whooping cough. In addition, food poisoning (or suspected food poisoning) is notifiable under Section 17 of the Food and Drugs Act, 1938.

The number of notifications of infectious diseases received in the period 1935-1955 are shown in Table 1.

The age distribution of cases of infectious disease is shown in Table 4 of the Appendix.

During the year the total number of notifications of notifiable diseases was nearly double the number notified in 1954. This was due to the 'measles cycle'—the number of such cases notified being 5,414 compared with 887 in 1954.

No cases of diphtheria, typhoid or paratyphoid fever, malaria, membranous croup, relapsing fever or smallpox were notified.

Scarlet Fever

Cases 332. Deaths 0.

During the year there were 332 cases notified compared with the 514 in 1954. The disease continued to be very mild, and it seems probable that some cases went undetected. There were no deaths.

TABLE 2 Cases of Scarlet Fever Month by Month

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases	18	20	17	22	24	28	22	4	17	52	43	65

Measles

Cases 5,414. Deaths 3.

The number of cases of measles was the highest for many years, and there were 3 deaths.

TABLE 3 *Cases of Measles Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	916	1,923	1,522	772	147	85	25	9	5	1	6	3

Whooping Cough

Cases 324 Deaths 0.

The number of cases of whooping cough notified was the lowest since 1939, and was only a half of the number notified in 1954.

TABLE 4 *Cases of Whooping Cough Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	13	22	11	16	38	40	42	33	29	16	30	34

Acute Anterior Poliomyelitis

Cases 40 Deaths 4.

The number of cases notified was the highest since 1950, and there were 4 deaths.

TABLE 5 *Cases of Poliomyelitis Month By Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases:												
Paralytic	—	1	—	—	—	1	1	6	9	10	3	1
Non-paralytic	—	—	—	—	—	1	1	2	1	2	1	—

TABLE 6 *End Results of Cases of Poliomyelitis*

		Degree of Disability			
Number		Severe	Moderate	Mild	None
Surviving	(1) Paralytic ..	7	9	7	5
	(2) Non-paralytic ..				
Deaths	.. ..				
	Total ..				

Meningococcal Infection

Cases 5. Deaths 3.

Acute Encephalitis

Cases 9 (infective 4, post-infectious 5). Deaths 0.

Five cases of post-infectious encephalitis were notified, the primary infectious diseases being measles (3), mumps (1) and chicken pox (1). All five patients recovered.

Puerperal Pyrexia

Cases 45.

There were 45 cases notified compared with the 23 in 1954.

Ophthalmia Neonatorum

Cases 7.

None of these cases resulted in any permanent visual disability.

Bacillary Dysentery

Sonne Dysentery.

Cases 212. Deaths 0.

There were 212 cases notified and discovered compared with 637 in 1954. Again the heaviest incidence fell in the cold months from September to December. Efforts to control the spread of infection, both in the community and in the day nurseries and schools, continued along the lines described in previous reports.

TABLE 7 *Cases of Sonne Dysentery Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	2	2	6	12	6	2	8	3	47	13	69	42

Infective Enteritis

Cases 1,029. Deaths 20.

Despite the fall in Sonne dysentery, the incidence of known non-specific enteritis was roughly the same as in the previous year.

The age distribution of the 1,029 cases was as follows:—

Age	Under 5	5-14	15-44	45-64	65 and over	Age unknown
No. of Cases	427	173	289	99	29	12

Food Poisoning

Cases 39. Deaths 1.

TABLE 8 *Summary of Details, 1955*

Food Poisoning Notifications returned to the Registrar General

1st Quarter ..	..	..	Nil
2nd Quarter ..	..	..	Nil
3rd Quarter ..	..	..	37
4th Quarter ..	..	..	2
Total cases			39

Outbreaks due to Identified Agents

Total outbreaks—3

Total cases—39

Outbreaks due to

(a)	Chemical poisons	..	..	..	Nil
(b)	Salmonella organisms	..	..	..	2
(c)	Staphylococci (including toxin)	..	..	..	1
(d)	C.I. botulinum	..	..	..	Nil
(e)	Cl. welchii	..	..	..	Nil
(f)	Other bacteria	..	..	..	Nil

Outbreaks of Undiscovered Cause

Total outbreaks—Nil

Total cases—Nil

Single Cases

Number—Nil

One outbreak involving some 20 persons occurred as a result of infection in a bakery which made meat pies and confectionery products. The outbreak came to light as a result of routine examination of faeces specimens from notified cases of enteritis. In the first place no common factor was found to explain the cases. During August, however, the possibility of one bakery being the common factor in a small number of the cases arose, and investigations were made there. The outbreak figures of 20 cases mentioned here have been built up by checking back on earlier cases. The main symptoms were abdominal pain, vomiting and diarrhoea, the latter persisting for several days. *Salmonella typhimurium* was isolated at the Public Health Laboratory from the faeces specimens of the cases. The organisms were typed in a number of cases, specimens from the earlier cases being classified phage type 2c. and from later cases as an untypable strain. Samples were taken at the bakery of the firm's products and ingredients used, and *Salmonella typhimurium* was isolated from the following: flour, synthetic cream, cream confectionery, curd mix, swab from the dough mixer, mouse droppings and, at a later date, raw beef steak. Of the above, the mouse faeces were phage type 2c. and the foods phage type 4. Faeces specimens of the food handling staff were examined on two separate occasions with completely negative results.

In view of the lateness of the investigation, it is difficult to be certain of the exact origin of the infection.

Salmonellosis

Cases 178. Deaths 0.

The 178 cases of *Salmonella* infection were discovered during the routine swabbing of contacts of cases of dysentery or during the investigation of cases notified as enteritis.

Salmonella manhattan was found in 12 cases, *Salmonella derby* in 10, *Salmonella bovis morbificans* in 1, *Salmonella senftenberg* in 5,

Salmonella muenchen in 1 and Salmonella typhimurium in the remainder.

All the cases were followed up, but we were unable to discover how the infection had been acquired, and in no case was any immediate association with food established.

Whilst in some cases certain articles of food were suspect, in the absence of clear evidence, the cases were classed to Salmonellosis.

Pneumonia

Cases 382. Deaths 264 (all forms).

There were 82 fewer cases and 74 more deaths than in 1954.

TABLE 9 *Cases of Pneumonia Month by Month*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	61	56	40	49	18	19	23	11	16	20	26	43

Influenza

Deaths 17.

There were 10 fewer deaths than in 1954.

TABLE 10 *Deaths from Influenza, 1943-1955*

Year	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Deaths	115	29	38	41	20	6	76	23	94	12	31	27	17

Erysipelas

Cases 50.

There were 28 fewer cases than in 1954.

Tuberculosis

The following are the principal statistics in respect of tuberculosis for the year:—

<i>Respiratory Tuberculosis</i>			
Primary notifications of new cases	..	..	254
New cases coming to knowledge from other sources*	..	..	17
Total	..	..	271
<i>Non-respiratory Tuberculosis</i>			
Primary notifications of new cases	..	..	23
New cases coming to knowledge from other sources*	..	..	1
Total	..	..	24
Total notifications, all sources, respiratory and non-respiratory			295
			Number Rate per 1,000
Deaths—old and new cases	Respiratory ..	29	0.10
	Non-respiratory ..	3	0.01
	Total ..	32	0.11
* From death returns from local registrars, transferable deaths from Registrar General, post humous notifications, etc.			

1955.

1906-10 }
1911-15 }
1916-20 }
1921-25 }
1926-30 }

* i.e. from death returns from local registrars, transferable deaths from Registrar General, post-humous notifications.

Bradford Chest Clinic

D. K. STEVENSON, M.B., CH.B., M.R.C.P., *Senior Chest Physician*

The number of persons attending the clinic increases each year. The total number of persons examined in 1955 was 16,749; an increase of 1,946 from 1954. There were 4,650 new patients and 12,099 re-attendances.

The following table shows the number of Clinic attendances in 1953, 1954 and 1955.

	1955	1954	1953
New Pateints	3,492	2,715	1,734
New contacts	1,158	1,234	1,267
Total New Patients	4,650	3,949	3,001
Clinic Re-attendances	7,345	7,243	4,383
Refill Attendances	4,397	3,286	2,034
B.C.G. Vaccination	318	246	162
Thoracic Surgical Consultations ..	39	79	86
Total Out-Patient attendances ..	16,749	14,803	9,666
X-ray examinations undertaken ..	7,854	7,267	4,249
Attendances at 5 in. x 4 in. Camera..	2,236	1,067	—
Clinic Sessions held	514	521	548

On the 1st of January 1955 there were 1,634, cases of respiratory tuberculosis on the Clinic Register and 159 cases of non-respiratory disease; at the end of the year on the 31st of December, the respective figures were 1,757 respiratory cases and 160 non-respiratory cases. During 1955, 26 cases of respiratory tuberculosis and 2 cases of non-respiratory tuberculosis were transferred to the Bradford Chest Clinic from other areas, 14 children became of adult age and 3 cases returned to the Clinic having been "lost sight of" the previous year.

There were 157 new cases of pulmonary tuberculosis and 10 new cases of non-respiratory tuberculosis diagnosed in males during 1955. The corresponding figures for females and children were as follows: 81 cases of pulmonary disease and 4 non-respiratory cases in females and 27 respiratory and 7 non-respiratory cases in children.

The following table shows the total additions and deletions from the Clinic tuberculosis register during 1955.

	Respiratory Tuberculosis	Non- Respiratory Tuberculosis	Totals
Numbers on Register on 1/1/55	1,634	159	1,793
Inward Transfers	26	2	28
Child to Adult	9	5	14
Cases Rediscovered	3	—	3
Notifications—			
Sputum Negative	145	15	160
Sputum Positive	117	6	123
Total Additions	1,934	187	2,121
Recovered	71	14	85
Died	37	4	41
Outward Transfers	32	1	33
Child to Adult	9	5	14
Other Reasons	28	3	31
Total Deletions	177	27	204
Numbers on Register on 31/12/56	1,757	160	1917

The following table shows the number of new cases of tuberculosis discovered in 1955 compared with 1954:—

		1955 Respiratory Disease	1955 Non- Respiratory Disease	1955 Total	1954 Respiratory Disease	1954 Non- Respiratory Disease	1954 Total
Males	..	157	10	167	152	15	167
Females	..	81	4	85	79	9	88
Children	..	24	7	31	28	14	42
Total	..	262	21	283	259	38	297

It will be apparent that in 1955 there has been little change in the numbers of new cases of tuberculosis discovered compared with the previous year, and that the difference of 14 cases is largely due to the fact that 11 fewer children were discovered to have tuberculosis than in 1954.

The following table gives an analysis of all tuberculosis notifications (283) in 1955:—

	MALES		FEMALES		CHILDREN		TOTAL	
	No.	%	No.	%	No.	%	No.	% (of 283)
Local authorities—	(1)		(2)		(3)		(4)	
(i) Bradford C.B. ..	155	58.49	79	29.81	31	11.69	265	93.64
(ii) West Riding ..	12	66.66	6	33.33	—	—	18	16.36
Nationality—								
(i) English ..	135	53.72	85	33.86	31	12.35	251	88.70
(ii) European ..	12	100.00	—	—	—	—	12	4.24
(iii) Asian ..	20	100.00	—	—	—	—	20	7.06
Age—Children ..	—	—	—	—	32	10.95	31	10.95
(i) 15/24 ..	33	50.76	32	49.23	—	—	65	22.97
(ii) 25/34 ..	25	52.08	23	47.91	—	—	48	16.96
(iii) 35/44 ..	24	57.14	18	42.85	—	—	42	14.84
(iv) 45/56 ..	44	84.61	8	15.38	—	—	52	18.37
(ii) 56+ ..	41	91.11	4	8.88	—	—	45	15.90
Types of Disease								
(1) Respiratory (posi-								
tive sputa) ..	75	64.10	41	35.04	1	0.85	117	41.34
(2) Respiratory (nega-								
tive sputa) ..	82	56.55	40	27.58	23	15.86	145	51.24
(3) Non-respiratory ..	10	47.61	4	19.09	7	33.33	21	7.42
Origin of cases referred to the Clinic								
(1) General Practitioners	48	50.52	36	37.89	11	11.58	95	33.57
(2) Hospitals ..	61	70.93	15	17.44	10	11.62	86	30.39
(3) 5 in. x 4 in. Camera	29	65.91	15	34.09	—	—	44	15.55
(4) M.M.R. ..	26	63.41	15	36.58	—	—	41	14.48
(5) Contacts ..	3	17.64	4	23.53	10	58.82	17	6.00

Note.—The percentages in columns 1, 2 and 3 are the percentages of the total on that horizontal line. The percentages in column 4 are the percentages of the total number of tuberculosis notifications (283).

In 1954 there were 12 cases of tuberculosis discovered in Pakistanis and Indians and 19 cases in persons from Europe. The respective figures for 1955 are 20 and 12, indicating a further rise of tuberculosis in the Pakistan and Indian population. A survey by Mass Radiography on the Indian and Pakistan population was carried out in January 1956. The number examined was 607, and 5 cases of tuberculosis were discovered, giving a ratio of 8.2 per cent per 1,000 examinations.

The age distribution confirms that tuberculosis remains a disease of young females and middle aged and elderly men. The number of cases occurring in both sexes between the ages of 15 and 35 is almost identical: over the age of 35, the number of cases of tuberculosis occurring in females drops dramatically, whereas the male figure rises to a peak between the ages of 45 and 56. Over the age of 56, the number of cases in males remains high. This present trend in the epidemiological pattern of males suggests that mass radiography should concentrate on this age group and that all middle aged men with chronic bronchitis and other respiratory infections should have regular X-ray examination of the chest. Up to the present, no single factor has been isolated to account for this epidemiological trend of tuberculosis in the elderly male. The aging population, the increasing tempo and stress, the waning of tuberculous allergy and possible changes in metabolism may all play some important role. It is of particular interest to note, nevertheless, that tuberculous morbidity in the middle aged and elderly women is almost non-existent.

During 1955 the Bradford Mass Radiography Unit, which serves West Yorkshire, examined 54,931 persons; 126 new cases of pulmonary tuberculosis were discovered, giving a case finding ration of 2.3 per 1,000 examinations. The 5 x 4 X-ray Camera Unit at the Bradford Chest Clinic which undertakes X-ray examination at the request of general practitioners, examined 2,236 persons; 44 new cases of pulmonary tuberculosis were discovered, giving a ratio of 19.7 per 1,000 examinations. In Bradford 85 cases of pulmonary tuberculosis were discovered by mass radiography and by the 5 x 4 camera, which amounts to 30 per cent of all notifications. It is obvious that both services play an important role in the detection of unknown cases of tuberculosis and in the anti-tuberculous programme.

Of the 283 cases of pulmonary tuberculosis discovered during 1955, 50 per cent were referred by general practitioners, either for consultation or for X-ray examination of the chest; 30 per cent were referred by other consultants, hospitals and the other armed services, 14 per cent

were discovered by mass radiography and 6 per cent following contact examination.

In 1955 there were 30 deaths in males who were known to be suffering from tuberculosis; tuberculosis was the main cause of death in 20 and a secondary factor in 10. Out of a total of 10 female deaths, tuberculosis was the main cause in 6 and a secondary factor in 4. There was one death from tuberculosis of the ileum in a child; no other deaths in children were recorded in 1955 and there were no deaths from tuberculous meningitis.

During 1955 there were 15 death notifications; tuberculosis was the main cause in 10 and a secondary finding in 5.

The following table shows the number of deaths from tuberculosis in 1955:—

		Respiratory	Non-Respiratory	Death Notifications	Total
Males	..	28	2	15	45
Females	..	8	2	—	10
Children	..	—	1	—	1
Total	..	36	5	15	56

The following table gives an analysis of such deaths.

		Deaths due to Tuberculosis	Deaths not primarily due to Tuberculosis	TOTALS
Cases on Clinic Register of patients known to have Tuberculosis	..	27	14	41
Death Notifications	.. ..	10	5	15
Totals	.. ..	37	19	56

The total number of contacts examined for the first time in 1955 was 1,158. The total number of contacts to the 283 new cases of tuberculosis diagnosed was 931, out of which 840 were examined at the Clinic. This high attendance of contacts (90·2 per cent to index cases attending for examination and X-ray) underlines the valuable work undertaken by the health visitors in the programme of prevention.

Out of a total number of contacts from all sources of 1,158, 17 cases of tuberculosis were discovered, giving a ratio of 14·6 cases of tuberculosis per 1,000 contacts examined.

There were 3 male cases of disease discovered, 2·4 per 1,000 contacts; 4 women, 3·5 per 1,000 contacts; and 10 children, 8·7 per 1,000 contacts.

During 1955, 318 B.C.G. vaccinations were undertaken.

Vaccination and Immunisation

(Section 26, National Health Service Act, 1946)

Smallpox Vaccination

During the year there were 1,159 primary vaccinations and 453 re-vaccinations, compared with the 882 primary and 552 revaccinations in 1954.

The following table shows the number of vaccinations in recent years:—

Year			Primary Vaccinations	Re- vaccinations
1948	..	..	415	219
1949	..	..	246	104
1950	..	..	682	448
1951	..	..	1,043	761
1952	..	..	1,031	886
1953	..	..	32,035	20,828
1954	..	..	882	554
1955	..	..	1,159	453

The number of vaccinations in 1955 was about the average for a normal year.

It will be remembered that the abnormally high number of vaccinations in 1953 was due to the outbreak of variola major in parts of Lancashire and Yorkshire in March.

During the year, apart from vaccinations against smallpox, 50 persons who intended to go abroad were inoculated by local authority medical officers with T.A.B. vaccine, 56 with cholera vaccine, 7 with typhus vaccine.

Diphtheria Immunisation

During the year 6,098 children under 15 years of age were immunised against diphtheria, compared with the 6,449 in 1954. Of this total, 4,716 were immunised by medical officers of the local authority and 1,382 by general practitioners.

There were no cases of diphtheria notified during the year, and it is very pleasing, therefore, to note that there has been no appreciable decrease in the number of children immunised.

Only by the maintenance of such a number can we be certain of preventing diphtheria from gaining a foothold in the city.

The following table shows the number of immunisations in recent years:—

Year			Number of Immunisations
1948	..	..	3,538
1949	..	..	4,947
1950	..	..	4,391
1951	..	..	4,584
1952	..	..	5,787
1953	..	..	5,708
1954	..	..	6,449
1955	..	..	6,098

On the 31st December, 1955, it was estimated that 38·7 per cent of the children under 5 years of age and 81 per cent of age group 5-15 years had been immunised against diphtheria.

Whooping Cough Immunisation

Of the 1,382 children who were immunised against diphtheria by general practitioners (above), 781 received a combined diphtheria/pertussis vaccine.

In connection with the trial scheme on behalf of the Medical Research Council (referred to in the report for 1952) 1,843 children were immunised with one of the three vaccines, and so the total number of children receiving protection against whooping cough was 2,624.

Venereal Diseases

We are indebted to Dr. J. A. Burgess, Consultant Venereologist, for the following report:—

The Special Treatment Centre at St. Luke's Hospital, Bradford, serves an area including Bradford County Borough and the surrounding districts of the West Riding. During the year under review 82 per cent of the total new patients resided in the County Borough, 16 per cent in the Administrative County and the remaining 2 per cent in other County Boroughs in the West Riding.

The Medical Officer is in attendance during the following hours:—

Men			Women and Children		
Monday	..	10 a.m. to 12 noon	Monday	..	5 p.m. to 7 p.m.
Wednesday	..	10 a.m. to 12 noon	Wednesday	..	10 a.m. to 12 noon
		5 p.m. to 7 p.m.			5 p.m. to 7 p.m.
Thursday	..	5 p.m. to 7 p.m.	Thursday	..	10 a.m. to 12 noon
Friday	..	10 a.m. to 12 noon	Friday	..	10 a.m. to 12 noon
					2 p.m. to 4 p.m.

Compared with the previous year there was a slight decrease in the total number of new registrations during 1955, but for the second successive year more new cases of early syphilis were diagnosed.

Table I shows the numbers of new cases of early syphilis and gonorrhoea attending the clinic since the end of World War II. It will be noticed that early syphilis declined in apparent incidence until 1953 and the present numbers of this disease are less than 10 per cent of 1946. On the other hand, the numbers of new cases of gonorrhoea declined every year until 1952, and since then have remained at a fairly constant level of approximately 30 per cent of the 1946 numbers.

TABLE 1 *New Cases of Early Syphilis and Gonorrhoea attending Clinic, 1946-1955*

Year	Early Syphilis	Gonorrhoea
1946	251	486
1947	210	358
1948	110	215
1949	89	174
1950	56	132
1951	31	125
1952	19	71
1953	9	119
1954	16	148
1955	22	130

It is gratifying to record that for the third year there were no cases of congenital syphilis in children under one year of age. This disease can be prevented by the early diagnosis and adequate treatment of syphilis in expectant mothers. Those undertaking ante-natal work are to be congratulated on the results achieved in preventing congenital syphilis.

The words "other conditions" include cases of chancroid, lymphogranuloma venereum, granuloma inguinale, non-gonococcal urethritis and other non-venereal conditions. The latter numbered 414. Non-gonococcal urethritis (152 new cases) is a disease of uncertain aetiology which is increasing in incidence.

An increase in the number of new cases of lymphogranuloma venereum would not be unexpected in view of the high immigrant population in Bradford, but in 1955 only one new case of this disease was found at the Clinic.

The physician in charge wishes to record his appreciation of the efficient and loyal work rendered by the Medical Officer, Social Worker and Nurses.

He also wishes to express his thanks to his medical colleagues and to the Pathologist whose service contributes in no small degree to the successful working of the Clinic.

TABLE 2 *Number of New Registrations and Attendances at Clinic, 1932-1955*

1932-1955						
Year	Venereal Diseases		Other Conditions		Total Attendance	
	Male	Female	Male	Female	Male	Female
1932	336	111	146	68	16,720	4,243
1933	460	146	149	84	21,991	4,921
1934	386	96	188	78	19,811	5,471
1935	438	157	177	73	21,461	6,620
1936	277	131	140	63	15,714	5,237
1937	366	105	151	72	19,429	6,520
1938	363	134	197	88	15,622	5,869
1939	333	129	200	69	10,408	3,906
1940	278	100	143	69	7,687	4,916
1941	423	111	148	113	7,376	4,050
1942	304	156	140	91	6,639	5,266
1943	352	193	216	190	7,525	6,171
1944	292	221	223	221	7,530	6,797
1945	343	310	259	238	10,064	10,472
1946	815	291	554	212	16,487	10,677
1947	622	287	456	226	11,235	9,326
1948	358	229	440	144	9,040	6,859
1949	293	184	400	133	7,957	5,647
1950	228	148	431	155	7,659	4,582
1951	194	107	390	101	7,370	4,292
1952	156	95	388	105	6,087	3,770
1953	160	103	458	141	7,239	3,957
1954	182	104	458	135	6,986	4,043
1955	174	97	427	140	6,345	3,733

TABLE 3 *Analysis of the Cases Admitted and Discharged during the Year 1955*

1955						
(a) ADMISSIONS						
1. Number of cases under treatment or observation on 1st January, 1955:						
Suffering from syphilis..	..	..	..	Males	Females	Total
Suffering from gonorrhoea	..	..	..	140	199	339
Suffering from other conditions	..	..	..	34	14	48
				113	67	180
Totals	..			287	280	567
2. Number of cases defaulting during previous years who returned in 1955:						
Suffering from syphilis..	..	..	..	10	17	27
Suffering from gonorrhoea	..	..	..	7	3	10
Suffering from other conditions	..	..	..	—	—	—
Totals	..			17	20	37
3. Number of cases transferred from other treatment centres, suffering from:						
Syphilis	..	..	..	3	5	8
Gonorrhoea	..	..	..	4	0	4
Other conditions	..	..	..	—	—	—
Totals	..			7	5	12

4	Number of new cases dealt with for the first time during 1955 suffering from:					
	Early (infectious) acquired syphilis	14	8	22		
	Late (non-infectious) acquired syphilis ..	32	27	59		
	Congenital syphilis	2	9	11		
	Gonorrhoea	102	28	130		
	Other conditions	427	140	567		
	Totals ..	577	212	789		
	Total of Items 1, 2, 3 and 4	888	517	1,405		

(b) DISCHARGES

5.	Number of cases discharged after completion of treatment and surveillance, suffering from:					
	Syphilis	24	25	49		
	Gonorrhoea	89	20	109		
	Other conditions	408	155	563		
	Totals ..	521	200	721		
6.	Number of cases transferred to other treatment centres, suffering from:					
	Syphilis	8	11	19		
	Gonorrhoea	7	2	9		
	Other Conditions	10	1	11		
	Totals ..	25	14	39		
7.	Number of cases defaulting before completion of treatment or surveillance, suffering from:					
	Syphilis	36	20	56		
	Gonorrhoea	37	15	52		
	Other Conditions	56	—	56		
	Totals ..	129	35	164		
8.	Number of cases remaining under treatment or surveillance on 31st December, 1955, suffering from:					
	Syphilis	133	209	342		
	Gonorrhoea	14	8	22		
	Other Conditions	66	51	117		
	Totals ..	213	268	481		
	Total of Items 5, 6, 7 and 8	888	517	1,405		

TABLE 4 *Number of Attendances Distributed According to Disease*

				Attendances		
				Males	Females	Total
Patients suffering from Syphilis				2,478	2,860	5,338
Gonorrhoea				913	164	1,077
Other Conditions.. .. .				2,954	709	3,663
Totals ..				6,345	3,733	10,078

TABLE 5 *Geographical Distribution of New Cases seen during the Year*

				Syphilis	Gonorrhoea	Other Conditions
Bradford				76	123	467
Dewsbury				—	—	1
Halifax				—	1	3
Huddersfield				—	—	1
Leeds				—	—	5
West Riding County Council				16	6	90

TABLE 6 *Pathological Examinations, 1955*

		Treatment Centre	Public Health Laboratory
Microscopical for syphilis ..	..	125	—
Microscopical for others ..	..	1,879	183
Cultural for gonorrhoea ..	..	—	656
Serum for syphilis ..	..	—	2,492
Serum for others ..	..	—	707
Cerebro-spinal fluid examinations		—	129

New Claims for Sickness Benefit

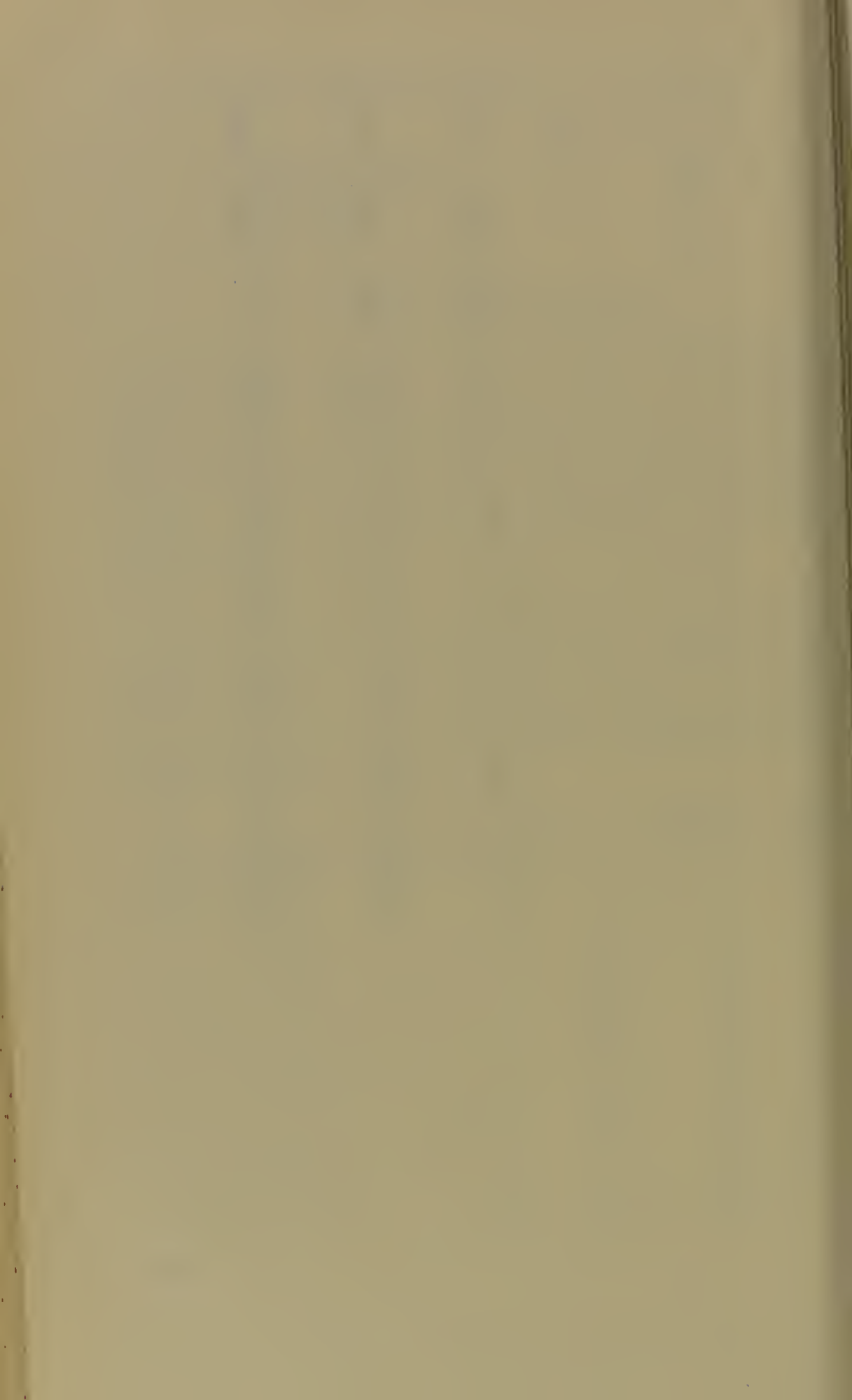
The number of new claims for benefit is a useful pointer to the general state of the public health in the city, and is fairly consistent in pattern. By the first week of February in any year the weekly total of new claims has usually risen to 1,450. This number falls off gradually until the lowest point (about 500 new claims weekly) is reached in the middle of August. Thence the number rises sharply until the beginning of October, when it is steady at 900 until mid-December. At this time a very sharp drop is seen, and at Christmas the figure is only a little higher than that of August.

During the first week of 1955 the number of new claims was much higher than average, but then immediately fell to slightly lower than average until April. From that time the numbers followed much the same pattern as for an average year, but with a tendency to be slightly lower throughout the whole of the summer, when the weather was exceptionally good. Claims were higher than average in October and November, and lower in December.

The following table shows the number of new claims for sickness benefit made each week in Bradford during 1955, with comparable figures for 1954.

Month		Week	Number of Claims	
			1955	1954
January	..	1	1588	1365
		2	1347	1354
		3	1245	1287
		4	1326	1068
February	..	5	1168	1067
		6	1079	1248
		7	1024	1461
		8	1031	1329
March..	..	9	1152	1208
		10	994	1272
		11	912	1213
		12	930	1119

April	13	956	1031
	14	842	976
	15	514	802
	16	770	497
	17	779	787
May	18	744	784
	19	686	769
	20	727	782
	21	672	719
June	22	536	729
	23	690	464
	24	663	663
	25	694	715
July	26	619	663
	27	626	622
	28	632	576
	29	655	577
	30	556	579
August	31	432	394
	32	383	377
	33	487	498
	34	640	627
September	35	621	667
	36	685	678
	37	654	680
	38	754	752
October	39	834	807
	40	854	784
	41	871	829
	42	973	892
	43	928	791
November	44	842	755
	45	883	756
	46	960	923
	47	901	943
December	48	861	1010
	49	868	1160
	50	849	1172
	51	686	1163
	52	915	705



Section 3

Care of Mothers and Young Children

EXPECTANT AND NURSING MOTHERS

CHILD WELFARE CLINICS

DAY NURSERIES

NURSERIES AND CHILD MINDERS REGULATIONS
ACT

THE UNMARRIED MOTHER

MUNICIPAL MIDWIFERY SERVICE

MIDWIFERY TRAINING SCHOOL

SILVER JUBILEE HOME, HEYSHAM

HEALTH VISITORS' TRAINING COURSE

HEALTH VISITING

DENTAL CLINIC

Care of Mothers and Young Children

(Section 22, National Health Service Act, 1946)

K. HORNE, M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer of Health for Maternity and Child Welfare

Medical Officers

M. BESWICK, M.B., CH.B.

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R. WOODHEAD, M.B., CH.B.

The permanent centres at which maternity and child welfare work is performed are the Central Clinic, Edmund Street, and six centres in the outlying districts used for combined maternity and child welfare and school medical work; namely:—

Bierley Health Centre

Green Lane School Clinic

Lapage Street School Clinic

Odsal Health Centre

Saint Street Health Centre

Usher Street Health Centre.

In addition there are 15 premises rented for the purpose of infant clinics.

During the year, on November 7th, one new branch clinic was opened at Bolton Woods, making 22 in all. This is situated at the Haven of Rest, Bolton Woods, Bradford, and serves the rather isolated community in that area. Premises have been difficult to find for this area. The present ones are rather small for the purpose but are the best available, and we are grateful to the Committee of the Haven of Rest for their co-operation in opening this child welfare clinic. Plans for a new centre at the edge of Ravenscliffe Estate are being considered;

this will meet the great need for a centre to serve the Thorpe Edge and neighbouring estates.

The number of ante-natal clinics has increased by two, namely, Lidget Green and Allerton, which are held in the same premises as the child welfare clinics, making a total of 11.

The number of day nurseries is the same as last year. Attendance at Bierley Day Nursery has gradually fallen. Many children in this area are being minded at home by relatives or neighbours and do not come under the Nurseries and Child Minders Regulation Act.

The number of domiciliary midwives has been less than full establishment and one less than the previous year. Several midwives have left to enter hospital service—the improved conditions of service and more regular hours appealing to them.

The number of health visitors on the staff is 36, which includes five tuberculosis health visitors—this is an increase of three. During the year three full-time and one part-time health visitor left. One of these was Miss Ross, who had been health visitor in the Allerton district for 30 years. Miss Ross rendered valuable service to the Department and she will be missed by all the mothers in her district. Six newly qualified health visitors, who were trained in the Bradford Health Visitors' Training School, joined the staff of the Department.

Expectant and Nursing Mothers

During the year the domiciliary midwives booked 2,636 cases and of these 2,347 had booked general practitioners for their confinements. This is an increase in the number of cases booked by midwives, and the number who have booked their general practitioners is considerably greater than in the previous year. Ante-natal care is provided at the following centres:—

The Central Clinic, Wilton Street
Bierley Health Centre
Usher Street Health Centre
Mandale Road Child Welfare Centre
Odsal Health Centre
Saint Street Health Centre
Lapage Street Health Centre.
The Park, Eccleshill
Girlington Methodist Chapel
Lidget Green Child Welfare Centre
Allerton Child Welfare Centre.

There are 30 sessions with doctors attending and 64 with midwives only; an increase of eight sessions on the previous year.

879 patients with a total attendance of 3,277 attended doctors' sessions.
3,120 patients with a total attendance of 12,935 attended midwives' sessions.

One session is held weekly at the central ante-natal clinic for blood examination, and 3,233 examinations were made.

Post-Natal Clinics

There are four post-natal clinic sessions monthly at the Central Clinic, Wilton Street, at which 175 patients made 272 attendances.

81 patients made 81 attendances at Bierley Ante-Natal Clinic.
29 patients made 29 attendances at Usher Street Ante-Natal Clinic.

Relaxation Classes

Relaxation classes are held for ante-natal and post-natal patients. There are nine in all, held at the Central Clinic, Wilton Street. Owing to the shortage of physiotherapists for this work it has been impossible to open fresh classes in the other centres. The number attending post-natal classes is not satisfactory. This is mainly due to the difficulty the mothers have in finding someone to care for their babies while they attend.

533 new cases have made 1,937 attendances at the classes for ante-natal patients.
28 mothers have made 40 attendances at the post-natal classes.

Health Education and Parentcraft Talks

Instruction is given to expectant mothers by health visitors in the above subjects in conjunction with the relaxation classes. In addition, health visitors are giving parentcraft talks in conjunction with some of the ante-natal clinics held at the centres in the outlying districts.

Child Welfare Clinics

The total number of children brought to clinics during the year was 7,674. The total number of attendances made by these children was 58,056. The number of children under one year old who attended was 3,074, representing 66 per cent of the total live births. There has been an increase in the number of children between one and five years who have attended; the number being 4,785. There has been a slight increase in the attendance of this age group which we hope will be still further increased in the following year.

The number of children under one year attending the Child Welfare Clinic on the Buttershaw Estate is only 50 per cent of the total. This

poor attendance is entirely due to inadequate premises, and it is hoped that a permanent centre will be constructed as soon as possible.

The attendance of children under one year in the Thorpe Edge area is 66 per cent. This compares favourably with the overall attendance of children under one for the whole city, but the need for satisfactory premises in this area is still very urgent, and it is hoped that the proposed new premises to fulfil this need will be erected as soon as possible.

Child Welfare Clinics in Bradford

Clinic	Days of Attendance	Time of Attendance	Attendance during year
Central, Edmund St.	Daily	Morning and Afternoon	12,233
Allerton	Alternate Fridays ..	Afternoon	941
Bierley	Monday and Thursday..	Afternoon	2,194
Bolton Woods*	Monday (monthly) ..	Afternoon	80
Brownroyd	Tuesday	Morning and afternoon	2,990
Buttershaw (Mandale Road)	Monday and Tuesday ..	Afternoon	2,488
Clayton	Alternate Wednesdays..	Afternoon	1,251
Daisy Hill	Alternate Mondays ..	Morning	904
Esholt	Wednesday (monthly) ..	Afternoon	187
Green Lane	Monday and Thursday..	Afternoon	4,136
Idle	Tuesday	Morning and afternoon	2,859
Lapage Street ..	Monday and Thursday..	Afternoons	4,059
Lidget Green.. ..	Alternate Thursdays ..	Morning	1,252
Odsal	Tuesday, Wednesday and Thursday	Afternoon	3,605
Otley Road	Wednesday	Morning and afternoon	3,026
Ravenscliffe (The Park)	Friday	Morning and afternoon	3,287
Saint Street	Monday, Tuesday and Friday	Monday a.m., Tuesday and Friday p.m. ..	4,315
Southend Hall ..	Thursday	Afternoon	704
Thornton	Alternate Fridays ..	Afternoon	999
Usher Street	Tuesday and Wednesday	Afternoons	2,378
West Bowling ..	Friday	Morning	2,494
Wyke	Alternate Fridays ..	Afternoon	920
Nursing Mothers' Ward	Monday, Tuesday, Wednesday and Friday ..	Morning and afternoon	754

*Bolton Woods Clinic commenced on 7th November, 1955.

Vaccination and Immunisation

Vaccination and immunisation against diphtheria and whooping cough are performed at all the child welfare clinics. The number of vaccinations during the year was 534. The number of completed immunisations against diphtheria was 841 and 81 stimulation doses were given to children going to school. The number of immunisations against whooping cough was 1,843.

Day Nurseries

The number of places in the day nurseries remains the same as last year. The average daily attendance at the day nurseries was 326.5; a little lower than last year.

All children, before admission to day nurseries, were medically examined and patch tested. The following are the results of the patch tests.

	0-1 years	1-2 years	2-3 years	3-4 years	4-5 years	Total
No. — v.e.	111	145	122	80	32	490
No. + v.e.	5	5	6	2	2	20
Total	116	150	128	82	34	510

Positive Cases

Of the twenty positive cases only two were not already under the care of the Chest Clinic. Neither of these two children were known contacts and they were both referred for X-ray. One did not attend but the other was found to have nil abnormal.

Sixteen children had had B.C.G. because of close family contact.

Two children were known positives, care of the Chest Clinic. One had had tubercular meningitis and the other had close family contacts.

Details of the positive cases are as follows:—

	0-1 years	1-2 years	2-3 years	3-4 years	4-5 years	Total
B.C.G.	5	5	3	1	1	15
Natural Conversions	—	—	3	1	1	5
Total	5	5	6	2	2	20

% Natural Conversions of total Children ..	—	—	2.34	0.31	2.94	0.98
---	---	---	------	------	------	------

% of + v.e. of total Children	4.31	3.33	4.69	2.43	5.88	3.92
--	------	------	------	------	------	------

Contacts with negative patch tests

Twenty-five children were found to have contact with tuberculosis but had negative patch tests.

Of these, seven had close contact and are already under the care of the Chest Clinic.

The remaining eight children had only very slight contact or a family history of healed tuberculosis.

Milk

The 510 children were receiving milk at home as follows:—

T.T. Milk	139 (27.25%)
Pasteurised Milk	220 (43.14%)
Sterilised Milk	56 (10.98%)
Dried Milk	95 (18.63%)

Nursery Nurses' Training Course

Of the 16 students who gained their certificates in June three were appointed to the nursery staff.

Nurseries and Child Minders Regulations Act

There were three industrial nurseries registered under the above Act at the end of the year and seven private individuals; an increase of one during the year. The individuals registered under the above Act are closely supervised by the health visitor in the district.

The Unmarried Mother

Thirty-two cases were admitted to Oakwell House. The average stay before birth was 26 days and the average stay of mother and baby was 63 days. Five of these cases were accepted from and paid for by other authorities. Four Bradford cases were admitted to St. Margaret's Home in Leeds and eight Bradford cases to St. Monica's, Bradford.

Illegitimate Births

The number of illegitimate births in 1955 was 304 live births and 10 still births. The still birth rate is, although still high, slightly lower than last year.

Municipal Midwifery Service

The number of domiciliary births was 2,096, which included 11 sets of twins.

At the end of the 14th day 177 babies were either partially or totally on artificial feeds.

The total number of midwives at the beginning of the year was 35. During the year two midwives resigned and one retired, and two new midwives were appointed.

The number of deliveries was 2,085. A further 336 cases were booked originally for domiciliary confinement and of these—

198 were transferred to hospital in the ante-natal period.

138 were transferred to hospital as emergencies in labour.

268 cases were discharged from hospital before the end of the 14th day to the care of the domiciliary midwives,

Attendance on 2,636 cases booked during the year entailed 12,815 ante-natal visits to the patients' homes. Including the visits to the cases which were discharged from hospital before the end of the puerperium, this makes an average attendance of approximately 25 visits per case.

Gas and air was administered on 1,805 occasions.

Pethidine was administered on 1,490 occasions.

Trilene was used for the first time by the domiciliary midwives in 1955. The total number of patients to avail themselves of this was eight.

Premature Births

Notification of prematurity was received in respect of:—

	Live Births		Still Births
Hospital cases	270	Hospital cases	47
Domiciliary cases	94	Domiciliary cases	7
Nursing Home cases	9	Nursing Home cases	1
	373		55

All but one of the cases born in nursing homes were alive at the end of the first month. Of the hospital cases 29 died within 24 hours. A further 14 died before the end of the first month.

62 premature infants were nursed entirely at home and all were alive at the end of the first month. Of the remaining cases 32 were transferred to hospital and, of these, one died within 24 hours and five others died before the end of the first month.

The premature baby midwife attended 95 premature babies and their mothers. This has entailed 434 post-natal visits to the mothers and 1,503 visits to the babies. The weight of these babies was from 3 lb. 8 oz. to 5 lb. 8 oz. at birth.

Midwifery Training School

There has been an increase in the number of pupils who completed their training at the Midwifery Training School during 1955.

- 13 pupils were in training on 1st January.
- 7 pupils were in training on 31st December.
- 23 pupils completed their training during the year and were successful in obtaining their certificates.

Silver Jubilee Home, Heysham

During the year 150 mothers and 230 children attended the above Home for periods of one or two weeks.

Of the above, 23 mothers were sent by the Health Committee, 18 by the Hospital Fund, and 6 by other local authorities. In addition 43 children were sent by the Victoria Children's Convalescent Fund.

Health Visitors Training Course

Of the nine students accepted for training in October, 1954, six were successful in the July, 1955 examination of the Royal Society of Health, and the remaining three in October, 1955.

Six of the students were appointed as health visitors for a period of two years, and the remaining three students returned to their own sponsoring authority.

Eight candidates were accepted and commenced their training in October, 1955. These students will be sitting their examinations in July, 1956; if successful, six of them will be appointed as health visitors; two returning to their own sponsoring authority.

Health Visiting

(Section 24, National Health Service Act, 1946)

F. H. WALKER, S.R.N., S.C.M., H.V.CERT.

Superintendent Health Visitor and School Nurse

By the end of 1955 the total number of health visiting staff employed had increased by three to thirty-six. Three health visitors and one part-time health visitor left or retired during the year, and seven health visitors, six of whom were newly qualified staff trained by this Authority, and one temporary health visitor, were appointed.

The rapid growth of the new housing estates, with its attendant problems, caused by higher rents and expenditure, makes extra demands on the health visitors' time. One of our large estates has no health centre, and the health visitors working in this area have long distances to travel daily.

Although health visitors have always carried out individual teaching in home and health centre, the need for group teaching has become increasingly urgent. This, year we have been able to start mothercraft classes at the Central and Saint Street Centres, and this work will be extended as the time and staff allow. Health visitors with a gift for group teaching derive great satisfaction from doing this work, which

is obviously so greatly appreciated by the expectant mothers attending. It gives the health visitor the opportunity to teach at a very acceptable time and the mothers an opportunity to know the health visitor. Where these classes are held at the same time as the ante-natal clinics it gives a splendid opportunity for co-operation between health visitors and midwives.

Since last year's meeting with the general practitioners, better co-operation with them has resulted, and the number of doctors who contact the health visitor to ask for her assistance in dealing with certain families or problems has increased. One doctor in general practice asks the health visitor to observe certain babies with feeding difficulties and report to him the result of her observations. This is only one way in which health visitors can assist general practitioners.

Five health visitors continued to work from the Chest Clinic, and the high percentage of contacts of cases attending for examination proves the value of this service.

The appointment of a geriatric health visitor proved a very satisfactory arrangement in the establishing of better contact between hospital and home with regard to the care of old people. This health visitor works closely with the geriatrician and the geriatric almoner, and as well as visiting patients discharged from hospital, attends the out-patient sessions to advise the geriatrician on home conditions and carry out his suggestions with regard to home care. This latter work was somewhat hampered by the lack of sufficient home helps allocated for old people.

Four health visitors were sent to refresher courses during the year and derived much benefit from the lectures, discussions and visits arranged at these courses. Staff who attend find these courses helpful in keeping them up to date in their day to day dealings with the community. To keep abreast of changes in social legislation and the other factors concerned in the promotion of the mental as well as the physical health of families, health visitors need in-service training as well as post-certificate refresher courses.

In compliance with the General Nursing Council's recommendation for the inclusion of public health lectures and practical experience for nurses in training, we have had a steady stream of students visiting various sections of our department to observe the work we do. Bradford has three training hospitals, and if we are to continue to take part in their training, we shall have between 100 and 200 student nurses annually for whom practical work will need to be arranged. This makes

still another demand on the health visitors, and I am grateful that the staff of both the health visiting and school nursing services have so willingly undertaken this task. It perhaps is not readily appreciated how many students of various types come to our department to see the work we are doing. Our own student health visitors must obtain adequate practical experience, but in addition we also arrange for pupil midwives, pupil district nurses, nursery nurses, MacMillan Training College students, student nurses in general and children's training hospitals, as well as students from teacher training colleges and social science courses, to observe the work we do. In the last few years teachers of fourteen to fifteen-year-old girls in some schools have wanted them to visit welfare centres and day nurseries. My thanks are due to all the staff who so cheerfully help me in all these arrangements.

Last year the York Adoption Society asked the Medical Officer of Health to allow health visitors to visit and send reports of the home conditions and suitability of those of their applicants residing in Bradford. This is a valuable contact with couples proposing to adopt a baby, as the health visitor becomes known to them before the baby is placed, and makes her first visit easier when the child has been received.

During the year health visiting and public health nursing staff continued their work in the following surveys and research projects:—

The British Medical Research Council's Anti-Tuberculosis Vaccine Trials.

The National Survey of the Health and Development of Children.

Whooping Cough Vaccine Trials.

Dental Clinic—Edmund Street

F. G. PARKER, B.CH.D., L.D.S.

Dental Officer for Maternity and Child Welfare

Dental treatment in 1955 has been similar in character to that which has been carried out in previous years, since the fight against dental caries and paradontal disease is a continuous one.

Expectant and nursing mothers attending the Edmund Street and St. Luke's Ante-Natal clinics have been examined and treated whenever they were in need of dental care.

A fair percentage of expectant and nursing mothers, however, have private dental practitioners whom they attend at regular intervals. These people are therefore only treated by me if they specifically request such treatment.

It will, of course, be obvious that a large number of people seen at the dental clinic only seek treatment when driven to do so by pain. Many of these have very neglected oral hygiene and so, in addition to active treatment, time is spent in emphasising its importance and instructing on how it should be accomplished.

Unfortunately, in these cases teeth commonly need extracting, with the provision of dentures to restore aesthetic and masticatory efficiency. Fillings are carried out whenever possible, but in this type of patient, although the fillings are executed painlessly under a local anaesthetic, they are generally not popular. This is due to ignorance, which can only be combatted with greater dental education, and progress, although slow, is gradually being made in this direction.

Routine inspection of the children attending day nurseries has continued and treatment carried out whenever necessary.

In addition pre-school children and cases from the occupation centre have attended.

Under the kind guidance of the Chief School Dental Officer the jointly operated Orthodontic Clinic has been maintained and is reported upon separately.

Two days a week a school dental officer has been available for anaesthetic sessions. Children in need of urgent treatment between these sessions have, however, been kindly and immediately treated at Manor Row.

An appointment system has been in operation for patients attending throughout the year and this has saved much unnecessary waiting. The system has, of course, been abused by the few, but we feel the compensation is that it has been appreciated by the many.

The proposed structural alterations to the dental clinic have not been carried out yet, but we feel they will be an improvement when they are in operation.

A detailed list of work completed during the year will be found in the Appendix.

The following is a summary of the orthodontic work done in 1955:—

Number of patients under treatment in 1955	..	..	..	45
Number of patients commencing treatment in 1954	..	..	..	18
Number of patients commencing treatment in 1955	..	..	..	27
Number of patients terminating own treatment in 1955	..	..	..	—
Number of fillings in 1955	..	..	..	113
Number of permanent extractions	..	..	..	18
Number of temporary extractions	..	..	..	47
Number of appliances fitted in 1955	..	..	..	33

Section 4

Children Neglected or Ill-Treated in their own Homes

Children Neglected or Ill-treated in their Own Homes

V. P. McDONAGH, M.B., CH.B., D.P.H., *Deputy Medical Officer of Health*

It is pleasing to record that the attendance at the Neglected Children Case Sub-Committee meetings has continued to be excellent, and there has been an excellent spirit, not only of co-operation, but more healthy still a refreshing "give and take" of views among the members. The following organisations were represented:—

- The Health Department (All Sections)
- Children's Department
- Probation Department
- Welfare Department
- Police Department
- Education Department
- City Treasurer
- City Engineer and Surveyor (Estate Agent)
- Head Teacher's Association
- Hospital Management Committee
- Ministry of Labour
- Family Service Unit
- National Assistance Board
- Council of Social Service
- National Society for the Prevention of Cruelty to Children
- Presbyterian Church
- Free Church Council
- Church of England

From this list it will be seen that there can be very few organisations in the city intimately concerned with the problem of child neglect who are not represented on the Committee. A change in usage of the common name of the Committee has arisen during the year, the tendency being to refer to it as a "Co-ordinating Committee", which would appear to be the practice in many other areas. However, it is felt that while co-ordination is one of the prime functions of this Committee, it is better, at least for the time being, to leave the emphasis on the question

of child neglect so that members will always bear in mind the purpose for which they are being asked to co-ordinate.

During the year 36 new families were discussed, which made a total of 155 families since the inauguration of the Committee in 1950. The families were brought to the notice of the Committee at the request of one or other of the members. Again, many of the families were of the chronic type. However, several families were discussed which had not yet passed into a chronic phase, and in these instances it was hoped that close early supervision would prevent such a development. Of the 36 families two had left the city by the end of the year. The number of children in the remaining 34 families was 66 under five years of age and 82 over five, making a total of 148 children. Seventeen of these children were in the care of the Children's Officer; one was attending a school for E.S.N. children, and one other child was an ascertained mental defective. Four of the children sat the 11 plus scholarship examination in Bradford and all failed.

At the meetings the principle of appointing a small panel of two or three persons to investigate a family and report back with a recommendation of a line of action was continued. It is felt that owing to the size of the Committee this is the only practicable way in which a full examination of the problems facing the family can be carried out. In the main the recommendation of the panel was that one person would supervise. However, as has been mentioned previously, there are many difficulties in the way of one person only visiting families which present problems and difficulties to so many statutory bodies in the city. As far as possible this practice was followed with regard to responsibility for reporting to the Committee any serious change of circumstances or failure in supervision.

The N.S.P.C.C. inspectors have been kind enough to provide the following figures for court cases of child neglect dealt with by them during the year.

Six cases were brought before the Court of Summary Jurisdiction under Section 1 of the Children and Young Persons Act, 1933. This involved nine offenders charged in respect of 27 children. In four cases sentences of six months imprisonment were imposed; one was placed on probation and one was given a conditional discharge after being subject to a deferred sentence of three months. During this period this family was kept under observation and in the end it was reported to the court that the man had continued in work and that the general standard of child care, although low, did not amount to wilful neglect.

A total of 14 children were brought before the Court under Section 63 of the Children and Young Persons Act, but these children all came from families which had been prosecuted in the Court of Summary Jurisdiction. In addition, eight children were brought before the Court under Section 62 of the Act as being in need of care and protection. Five were placed in the care of the local authority and three were made the subjects of a Supervision Order. Six cases came before the Juvenile Court under Section 61 (1) (a) Amendment Act, 1952, and 13 children were committed to the care of the local authority.

The Children's Officer has also kindly provided the figures of children taken into care during the year:—

(1)	Children committed by 'Fit Person' Orders owing to non-attendance at school, arising out of unsatisfactory home conditions, and a parent or parents who were thought to be neglectful	7
(2)	Children committed by 'Fit Person' Orders owing to the parent or parents failing to provide proper care	23
(3)	Children committed by 'Fit Person' Orders who have been found guilty of an offence and whose home conditions were unsatisfactory and whose parent or parents were thought to be neglectful	8
(4)	Children committed by 'Fit Person' Orders whose parents have been convicted of wilful neglect	18
(5)	Children committed by 'Fit Person' Orders as being beyond control, exposed to moral danger, and whose home conditions were unsatisfactory and whose parents were thought to be neglectful	7
(6)	Children committed by 'Fit Person' Orders owing to the family being temporarily accommodated as a unit under Part III Accommodation and the parent failing over a period to make provision	None
Total ..		63
(7)	Children admitted voluntarily who have become long term as a result of the parents' apparent neglect and failure to provide ..	None

Eviction Panel

As a result of the information received from the City Treasurer in the case of 53 families, we were informed that the Town Clerk had been instructed to institute legal proceedings for possession. These families were investigated along the lines described in last year's report, and it was found necessary in many cases for the family situation to be discussed in detail later by the Committee. Many of these families were found to be not problem families in the accepted sense of the word, but simply families where there were other managerial difficulties which the parents were able to overcome, or possibly, unemployment difficulties. It is possible that these might be regarded as temporary problem families, and that the visits by officers of the Welfare Department and the Health Department, and even the Notice to Quit which

they received from the City Treasurer's Department, would serve to impress upon them the dangers of their situation and make them take the steps to alter their situation.

Our experience with problem families to date points to eviction as being one of the major steps towards family break-up, and it is felt that all concerned with the welfare of children and with the preservation of the family unit should be prepared to do everything in their power to prevent an eviction. It must not be forgotten that many families voluntarily give up their house and go into rooms because of rent difficulties which might have been solved by an expert social worker.

Prevention of Break-up of Families—Ministry of Health Circular 27/54

As reported last year, the Minister is extremely concerned with the bad effect on the health, especially the mental health, of children, which primarily followed the break-up of the family; earlier reference has been made to eviction as an important factor in causing or accelerating family break-up. In Bradford the health visitor has entered into the prevention of child neglect with great enthusiasm, and several health visitors are responsible for the intensive supervision of one or two problem families in their area. The following cases will help to illustrate the type of work the health visitor is carrying out:—

Miss W.

This family comprises a dull, unmarried mother with four illegitimate children to different fathers. The home is dirty and neglected and the children are often sent to school verminous and ill clad. Recently the mother was in danger of losing the tenancy of her Corporation house because of rent arrears. The payment of rent and arrears was taken over by the health visitor in the form of a third party arrangement with the National Assistance Board. Since then, daily visits have been paid to support the mother and show her how to keep her home clean, care for her children, and to budget with her limited income.

Mrs. S.

This family comprises a mother with five children all under 10 years of age, including illegitimate twins. She was deserted by her husband and for a time the mother and babies were cared for in the Mother and Baby Home. The other three children were taken into the care of the local authority. Between them, the health visitor and the City Missioner have furnished the home and finally installed the mother and children back home. The payment of rent and various debts have been taken over

and the mother helped to plan her budget. Constant supervision is continuing in an effort to keep the family together.

From these two short descriptions it is clear that health visitors with their heavy caseload, ranging from 500 to 1,000 families per health visitor, are unable to take on perhaps more than one or two of the more chronic type of family. In any event we feel here that the health visitor is the great case finder in regard to child neglect, and that while she is able to deal with minor problems, in the main the close, intensive supervision of the more chronic type of families with very dull parents should be carried out by the workers of the Family Service Unit with their special experience of casework technique. It can be said, therefore, that selective health visiting is being carried out to a limited extent in this field, giving due regard to the health visitors' commitments in other directions.

The officers of the Mental Health Service have also taken their share in the prevention of family break-up. This is especially the case where mental defectives comprise one or more, sometimes both, partners of a family. Here much assistance, both practical and advisory, has been given. During the year in several cases the mental ability of mothers who were brought to our notice was assessed. Some by the Wechsler-Bellevue scale and others simply by the yardstick of an experienced medical officer talking and listening and trying to find a rough intelligence quotient. In general, the result was what one anticipated, that the majority of these women lay in that vast borderline zone between 65 per cent and 80 per cent intelligence quotient, the majority of them closer on 70 per cent. It is clear that a mother of this mental calibre with several children and often a husband with a bad work pattern or a mental calibre similar to her own, can never be expected to conduct a home properly without assistance. Nearly always, in addition to the lack described above, there is a shortage of money. This is the fact of the matter, what is the answer? We do not believe that punitive measures *per se* can effect a permanent improvement, although we believe that occasional punishment must have its place in our therapy. Cheap housing plus close, intensive supervision by trained social caseworkers should, in many instances, enable mothers to acquire a work pattern in the home of such a kind that they could continue in this pattern when the supervision is given up. If the caseworker concentrated on forming simple conditioned reflexes in regard to housecraft and a general standard of cleanliness, we believe that many families could manage sufficiently well to carry on at a reasonable but low level in the community. People of this low intelligence are teachable and will

respond to guidance, but the teaching must be repetitive, is laborious, and sometimes the result is long in appearing. Even when all this is said, there is still the constant problem of budgetting for a large family on a small income. We cannot emphasize too much the importance of the school days to these parents of limited intelligence, especially the mothers. In Bradford there is ample opportunity in industry for the dull male parent. All that is required is that he gets out of bed and goes to work on time, but the managerial problems of the household, with the continual increase of children, fall on the mother. We feel that greater efforts are necessary to ensure that this borderline group, how large one can only conjecture, should have the full benefits of expert teaching, so that when leaving school they should have at least the basic rudiments so clearly instilled into their dull minds that they could manage their own household and affairs satisfactorily.

The question of cheap housing has been mentioned; it is obviously of great importance because no family can exist without houses, nor can a family exist without the shops and other community social requirements which go to make up a full life. The dull mother and dull father will always be in the lowest income groups; this must be accepted and plans made accordingly. Special requirements, therefore, are necessary for this lower social group.

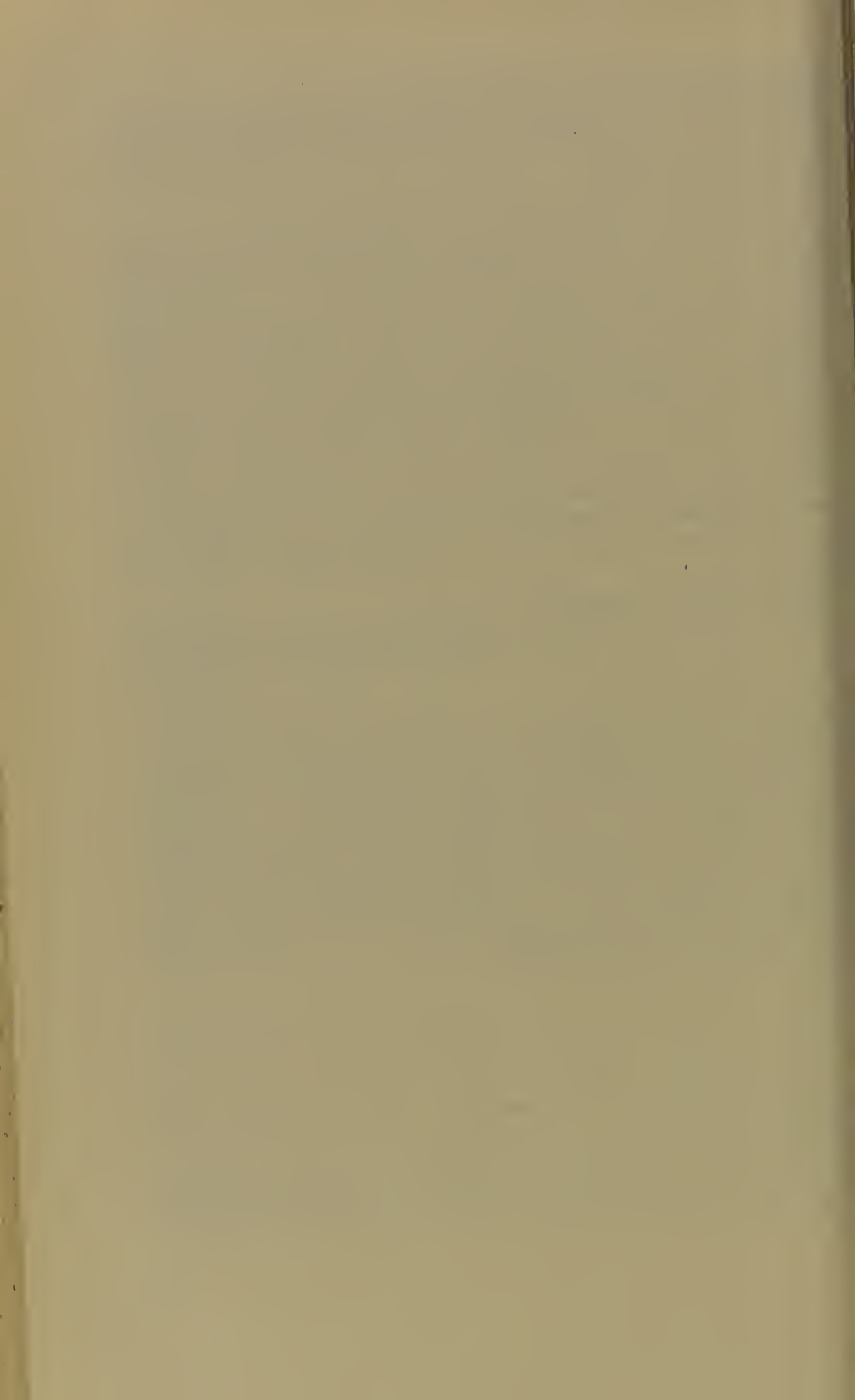
Family Service Unit

This short report has been largely compiled by Mr. Okell, Caseworker Organiser of the Family Service Unit. This year has seen the consolidation of the work of the Bradford Family Service Unit. The trainee who came towards the end of last year was able to take increased responsibility and this led to a higher caseload and an intensification of the work. During the year we commenced working with six more families and one family which had previously been closed was reopened. This latter case and five others were closed during the year. Of these, four so improved, developed self-reliance and maintained reasonable standards that we could close them, and two were being visited by other workers whose statutory duties enabled them to provide adequate help. By the end of the year we were working with 24 families involving 115 children; 1,755 contacts were made with families and 1,050 contacts on their behalf. Families taken on during the year included referrals from a church, the Probation Service, N.S.P.C.C., the Health Department through the Neglected Children Case Sub-Committee. Visits have also been made to families where other organisations are in touch so that we could combine to select the best type of approach and assistance.

Assistance has been given with a few cases where there was danger of eviction due to non-payment of rent. Most of these families are known to other workers in the locality and certain aspects of family life are covered by these visitors.

The approach adopted by F.S.U. to these people has remained one which is based on mutual acceptance. Although the large majority of contacts are by means of home visits there are occasions when one parent, usually father, is invited to attend the Unit for more personal discussion, and this takes place at Unit House in an informal, homely atmosphere. The various problems confronting the family are not necessarily dealt with in what appears to be their order of importance, but rather as seen by the family, although in cases where there are pressing problems every attempt is made to enable the family to appreciate their significance. Help and encouragement may be given with practical tasks and assistance has been provided with decorating, cleaning, installation of electric light, mending of window frames, etc. One father spent many hours at the Unit making things for his home and family.

However, there are problems other than those related to material welfare. A mother with a host of small children may find it difficult to send them all to school on time, and even more difficult to see that they are clean. Head infestation may be a problem, and this may sometimes result from the mother's ignorance, but it quite often results from many other causes, for the children's heads may be infested after mother has been given patient instruction and help to deal with the difficulty. The worker spends much time discussing the problem of relationship between mother and children and tries to impress upon her the importance of care and affection in these instances. This approach means that children will find their home and school experiences are no longer disturbed by harsh treatment or ostracism by other children with whom they might come into contact.



School Health Service

STAFF
MEDICAL INSPECTION
INFECTIOUS DISEASES
CO-OPERATION OF PARENTS, TEACHERS, Etc.
PERIODIC MEDICAL INSPECTION
SCHOOL CLINICS
TREATMENT OF WARTS AND ENURESIS
SCHOOL NURSING
IMMUNISATION
CASES SEEN BY OPHTHALMIC SURGEON
SPECIAL EDUCATIONAL TREATMENT
PHYSIOTHERAPY
ULTRA VIOLET RAY THERAPY
SPEECH THERAPY
LIP READING
CHIROPODY
CHILD GUIDANCE CLINIC
LINTON RESIDENTIAL SPECIAL SCHOOL FOR
DELICATE PUPILS
LISTER LANE SPECIAL DAY SCHOOL FOR PHYSI-
CALLY HANDICAPPED PUPILS
BAILDON RESIDENTIAL SCHOOL FOR PHYSICALLY
HANDICAPPED PUPILS
McMILLAN SPECIAL SCHOOL FOR EDUCATIONALLY
SUB-NORMAL PUPILS
ODSAL SPECIAL DAY SCHOOL FOR DEAF PUPILS
TEMPLE BANK SPECIAL SCHOOL FOR PARTIALLY
SIGHTED PUPILS
SCHOOL DENTAL CLINIC

APPENDIX

MEDICAL INSPECTION RETURNS

Staff

Principal School Medical Officer: JOHN DOUGLAS, M.D., D.P.H.

Deputy Principal School Medical Officer:

V. P. McDONAGH, M.B., CH.B., D.P.H.

Senior School Medical Officer: V. H. ATKINSON, M.B., CH.B., D.P.H.

School Medical Officers:

D. M. LANGLEY, M.B., CH.B., D.P.H.

R. WOODHEAD, M.B., CH.B.

J. N. LEEDHAM, M.B., CH.B., D.P.H.

J. L. WALKER, M.B., CH.B.

J. HARKNESS, M.B., CH.B.

W. E. D. CRAWFORD, M.D., CH.B.

E. W. G. BIRCH, M.R.C.S., L.R.C.P.

Specialist Officers:

Orthopaedic Surgeons: A. NAYLOR, CH.B., M.SC., F.R.C.S.

J. WISHART, F.R.C.S.

Ophthalmic Surgeon: J. BENSON, F.R.C.S.

Ophthalmologist: S. ROBERTSON, M.B., CH.B., D.O.M.S.

Ear, Nose and Throat Consultant: H. M. JONES, F.R.C.S.

School Dental Officers:

Principal School Dental Officer: H. V. MORRELL, L.D.S., R.F.P.S. (Glas.)

Assistant School Dental Officers:

S. HALL, L.D.S. (Liv.)

A. S. METCALFE, L.D.S., R.C.S. (Eng.)

S. M. CHOMSE, B.D.S. (left 31/10/55)

M. PARKER, B.CH.D., L.D.S.

C. D. PARKER, B.CH.D., L.D.S.

Physiotherapists:

Miss V. M. CRIBB
Mrs. M. J. PARKER
Miss C. E. G. PEARSON
Mrs. S. B. TOLSON (appointed 2/5/55)

Speech Therapists:

Miss M. AYRTON
Mr. F. BROOK (part-time)

School Nurses:

Superintendent School Nurse: Miss F. H. WALKER
Deputy Superintendent School Nurse: Miss A. WILCOCK

Nurses:

K. HEINEMAN (left Jan. 1955), C. M. HAMILTON, M. KAY, M. VAN SWANENBERG, M. G. MUNRO, B. SUGDEN, I. EDWARDS, L. E. CUMMINGS (left 22/12/55), K. HOWARD (left 21/12/55), E. M. JACKSON, M. M. E. JONES, R. LEWINGTON, R. GASCOIGNE, H. M. HUDDY (appointed 21/6/55), J. MOULT (appointed 28/3/55), L. W. RICHARDS (appointed 22/12/55).

Chiropodist:

Mr. W. DALBY (part-time)

Dental Attendants:

E. WARNER, R. BRIGGS, B. WOOD, B. P. ASHMORE, M. CROSSLAND (appointed 1/2/55)

Nursing Assistants:

V. NICHOLSON, K. BURTON, G. BURLISON, F. SHUTTLEWORTH

Oral Hygienist: Vacant

Child Guidance Clinic:

Psychiatrist: H. EDELSTON, M.B., D.P.M.
Educational Psychologist: Mrs. B. BROOK, B.A.
Psychiatric Social Worker: Miss S. HEYWORTH

School Health Service

V. H. ATKINSON, M.B., CH.B., D.P.H., *Senior School Medical Officer*

The organised care of school children which has continuously developed over the past forty-seven years had the following noteworthy features during 1955:

Dr. Birch and Dr. Harkness were appointed; each of these gentlemen was occupied five sessions per week with the School Health Service, two sessions with the Maternity and Child Welfare Department and four sessions per week taking the Diploma of Public Health course in Leeds.

Concentration on immunisation. The last session of the periodic inspection at each school was devoted to giving primary or boosting injections against risk of diphtheria. Much time was spent on tuberculosis allergy testing and vaccinating fourteen-year-old negative reactors; medical officers and nurses carried out Mantoux skin tests on 1,519 fourteen-year-old children whose parents had signed consent; vaccination with B.C.G. was completed in 473 cases during 1955. Representatives of the Medical Research Council dealt with 2,300 Bradford children aged fourteen years in 1951. At regular intervals since then all those children including positive reactors to tuberculin as well as negative reactors in three groups, viz., unvaccinated, vaccinated with B.C.G. and vaccinated with Vole Bacillus, have been contacted by nurses to ascertain the participants' state of health. Many of the visits had to be done during evenings and on Saturday mornings because most of the young people concerned were employed. This trial is still continuing here and in some larger cities; the first comprehensive report was published in the British Medical Journal, 25th February, 1956.

The dental surgeries in Manor Row Central Clinic were thoroughly modernised, decorated and the number increased from four to six; a waiting room was added to the suite permitting a one-way flow of patients. This renovation, estimated cost £8,000, was not completed until March 1956; its effect will be described later.

Co-ordinated care of ear, nose and throat defects. Mr. Morus Jones, E.N.T. Specialist, attended Manor Row Clinic twice per month. On an average session he examined 27 invited children, 18 being new and 9 return cases; later the same day a detailed summary was posted to the Royal Eye and Ear Hospital asking that appropriate arrangements be made for approximately 8 cases requiring further treatment or investigation, e.g. a typical summary of one session might include particulars of:—

- 4 patients needing removal of tonsils and adenoids
- 1 patient needing irrigation of maxillary antrum
- 1 patient needing X-ray of mastoid process
- 1 patient needing cauterisation
- 1 patient needing removal of polypi.

A teacher who left our Odsal Special School for Deaf Pupils two years ago to join the Royal Eye and Ear Hospital was used to provide a new service during 1955 whereby training was offered to parents of young deaf children and to the deaf children themselves, and also auditory training with instruction in lip reading to hard-of-hearing children. As the extensive tests and systematic training could not be started too early, details of these were made known to our Maternity and Child Welfare medical officers and health visitors.

An index of early ascertainment of defects by the School Health Service is the fact that 14 of the 100 children attending Odsal Special School for Deaf Pupils are less than five years old.

Medical Inspection

Children in age groups 5, 9 and 13 years had the usual medical inspections during 1955. In grammar schools, all children of 12 years of age and over are examined annually; pupils in nursery schools are seen each month by the school doctor, thus ensuring early recognition and treatment of defects. At each medical inspection children outside the routine age group were specially examined at the request of parent or teacher. Successful scholarship candidates were medically examined before admission to grammar school. Scholars transferred from other areas to city grammar schools were also examined before or immediately after admission. In accordance with the Ministry's regulations every school in the area had a periodic medical inspection during 1955. Prior to the inspection, forms were distributed requesting the presence of parent or guardian, a written consent to immunisation, a list of the

child's previous illnesses and the name of the family doctor. Hygiene inspections were carried out periodically in all schools by the school nurses and hygiene attendants. Cases of head infestation were notified to the parent. More important still, defects were recognised while in their early stages and the machinery for appropriate treatment set in motion. The teaching staff gave invaluable help in referring to the school health personnel cases of squint, suspected visual and hearing defects, mental retardation, etc. Immediate investigation of these cases followed and appropriate treatment was advised.

Suitable accommodation for medical inspection is still lacking in many schools and often no classroom is available, so the readiness with which staffroom or head teacher's room was placed at our disposal was much appreciated. At the infant and primary school medical inspections most children were accompanied by parent or friend but many pupils came alone to secondary modern or grammar school examinations. Co-operation between doctor and parent was good—advice was readily accepted and suggested treatment carried out. In the isolated instance where opposition was encountered, a visit by the school nurse was sufficient to ensure compliance. Scholars now take medical inspection as part of their school routine; protest is rare from even the youngest pupil.

The presence of a teacher at school medical examinations is very desirable; information regarding school attendance, behaviour, home background is forthcoming; defects can be jointly considered and any necessary modification of school curriculum arranged at once.

The standard of health remained good. Nutrition was in many cases excellent, in the majority of cases adequate, poor in only 0.2 per cent of the children examined. School meals and milk have been a powerful agent in the improvement of physique in children of school age, cod liver oil and orange juice are of proven value to the under fives.

Some schools have arrangements for the treatment of minor postural and foot defects. It is to be hoped that these facilities will eventually be developed in all schools, leaving the more serious defects to the Physiotherapy Department at Manor Row.

Major deformities, gross lesions and active tuberculosis were rarely found. Lack of rest is still a problem, particularly in secondary modern and grammar schools. In spite of the emphasis laid on the need for early bedtime by school medical personnel, parents were not co-operative. Many mothers who are otherwise careful did not realise the importance of adequate rest; all too often television or the cinema were excuses for

staying up far too late. The custom practised by some Bradford schools of incorporating an "official" bedtime in the school rules had a very good effect and could with advantage be more widely followed.

In view of the unaltered high incidence of defective vision the annual sight testing of all children of 7 years and over was an absolute necessity. Treatment for a child with deteriorating vision was insisted upon, a house visit being paid by the school nurse when the parent proved obstructive. Teachers proved helpful allies by ensuring that glasses were worn regularly in school.

Children found with defects at the medical inspections were put under observation or referred for treatment by the school clinic or family doctor. Such children were re-inspected after a few weeks' interval when most defects were found cured or having treatment. In the few cases where treatment had not been obtained or had lapsed, a visit to the child's home by the school nurse gave satisfactory results in almost all cases.

Facilities were provided at the seven school clinics for the treatment of visual, hearing, speech, dental, orthopaedic and other defects, but medicines and domiciliary treatment were not included. Where necessary, physically or mentally handicapped children were transferred to special schools.

A census of all children of school age in the city is taken annually by the school welfare officers. Five-year-olds whose names are not on any school register are reported to the School Medical Officer who arranges for a medical examination at the school clinic or obtains evidence that the child is still unfit to attend school.

Infectious Diseases

A copy of a "Vade Mecum concerning Infectious Diseases" is issued to all head teachers in the city. No teacher or scholar must attend school while suffering, or suspected to be suffering, from any infectious or contagious disease. A teacher suspecting a child in school to be suffering from such a disease must report to the head teacher, who if circumstances warrant, will temporarily exclude the affected child from school, inform the parent or guardian of the reason for exclusion and notify the Senior School Medical Officer. If further investigation be thought necessary, a nurse is sent to the school concerned to examine contacts, take ear, nose and throat swabs if deemed advisable and carry out any other precautionary measures which may help to control the spread of infection. A school medical officer also visits the school if necessary.

Notifiable infectious diseases are reported to the Medical Officer of Health by school medical officers and private practitioners. All such cases are visited by a health visitor or sanitary inspector who gives advice to parents concerning the care of patient and contacts. Admission to hospital is arranged where necessary; in some cases contacts are excluded from school.

Co-operation of Parents, Teachers, School Welfare Officers and Voluntary Bodies

The School Health Service much appreciates the help given by many teachers in encouraging attendance at medical and dental clinics. Their knowledge of a child's environment is of great value to the medical staff. Co-operation between school attendance and school medical departments is very important. The school welfare officer can often persuade reluctant parents to visit clinic or family doctor for necessary treatment. Persistent absence from school is investigated, children who have changed their address or school are traced.

During 1955 the Cinderella Club again sent many necessitous children for a fortnight's seaside holiday at Hest Bank; a member of the school health service examined each child prior to travelling. The Victoria Convalescent Fund was helpful in providing children recovering from illness or accident with a much appreciated holiday at Morecambe. Tribute must be paid to the N.S.P.C.C. for their help in advising problem families and persuading reluctant parents to have necessary medical attention for their children. In 1955, 6 cases were referred to the Society compared with 16 cases in 1953 and 6 cases in 1954.

Periodic Medical Inspections

(a) General Condition

The general condition of children examined at medical inspection during 1955 has been classified as follows:—

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
Entrants	4,188	2,684	64.1	1,483	35.4	21	0.5
Second Age Group	3,904	2,641	67.6	1,256	32.2	7	0.2
Third Age Group ..	2,132	1,437	67.4	693	32.5	2	0.1
Additional Periodic Inspections ..	6,309	4,736	75.1	1,564	24.8	9	0.1
Total ..	16,533	11,498	69.6	4,996	30.2	39	0.2

It is gratifying to note that the percentage of children in Category A has again increased while the percentage of those in Categories B and C shows a definite decrease. Comparative figures for 1951, 1952, 1953 and 1954 may be of interest:

		A (Good) %	B (Fair) %	C (Poor) %
1951	..	40.2	59.0	0.8
1952	..	53.4	46.2	0.4
1953	..	57.0	42.5	0.5
1954	..	62.8	36.8	0.4
1955	..	69.6	30.2	0.2

(b) *Diseases of the Skin*

During 1955, 1,039 cases of skin disease were found at periodic inspections, 612 cases at special inspections. Of these 1,217 required treatment. No case of ringworm was found and only 3 cases of scabies.

(c) *Visual Defects and External Disease of the Eye*

2,636 pupils with defective vision were found at periodic and special inspections: 1,022 required treatment, 1,614 observation only, the latter group consisting mainly of children already wearing suitable glasses. 491 cases of squint were found, compared with 524 cases in 1954. Cases of diseases of the eye other than squint numbered 303 of which 240 required treatment.

(d) *Ear Disease and Hearing Defects*

Out of 166 cases of defective hearing found at periodic inspections, 66 required treatment. A further 56 cases were found at special inspections—29 of these needed treatment. The total number of pupils with otitis media was 177, of which 125 were placed under observation. Cases of ear disease other than otitis media numbered 209, of which 123 required treatment. The following table shows comparative figures for 1953 and 1954:

		Hearing Defects	Otitis Media	Other
1953	..	215	138	199
1954	..	243	258	257
1955	..	222	177	209

During 1955, 101 children received surgical treatment for ear disease.

(e) *Nose and Throat Defects*

At periodic inspections 467 cases of nose and throat disease were found to require treatment and 1,035 were put under observation. Out of 332 cases found at special examination 272 were referred for treatment. In the city hospitals, 1,215 children altogether received operative treatment for nose and throat defects.

(f) Defective Speech

The total number of pupils with defective speech discovered in 1955 was 200. Previous statistics may be of interest:—

	Total No. of Cases found at Inspections	Needing Treatment	Total Cases Treated by the Authority
1953 ..	158	99	170
1954 ..	222	125	200
1955 ..	200	110	252

(g) Cervical Glands (non-tubercular)

At periodic and special examinations 371 children were found to have enlarged cervical glands. Only 43 required treatment.

(h) Heart and Circulatory Diseases

The number of cases of defect of the heart or circulation was lower in 1955 than in previous years—544 compared with 656 in 1954, 735 in 1953 and 727 in 1952. 196 needed treatment, 348 observation only during 1955. These figures do not include pupils at Lister Lane and Baildon schools for physically handicapped children.

(i) Lungs

During 1955 the number of cases of non-tubercular lung disease such as bronchitis, asthma, etc., was 675, of which 495 were found at periodic inspections and 180 at special inspections. 290 cases required treatment.

(j) Developmental Defects

32 cases of hernia were found at periodic and special examinations, 10 being referred for treatment. Other cases of developmental defect numbered 199; only 51 of these needed treatment.

(k) Orthopaedic Defects

The table given below shows the comparative numbers of the various types of orthopaedic defect since 1951:

	1951	1952	1953	1954	1955
Posture ..	555	575	543	681	649
Flat Foot ..	696	670	482	389	381
Other ..	769	816	768	839	792

While miscellaneous and postural defects remain fairly constant in number, it is interesting to note a steady reduction in the number of cases of flat foot. Out of a total of 1,822 orthopaedic defects found at medical inspections during 1955, 871 required treatment.

(l) *Nervous System*

Cases of epilepsy found at periodic and special inspections numbered 42, compared with 33 in 1954, 28 in 1953 and 36 in 1952. 17 cases were referred for treatment, 25 cases placed under observation, being already receiving suitable care and attention.

At periodic inspection, 235 children were found with other nervous conditions; at special inspections, 111 children. Scholars with defects in psychological development and stability numbered 325. Of these 134 needed treatment.

(m) *Miscellaneous*

During 1955, 1,166 cases of defect or disease not coming under the above classifications were found. Of these 927 required treatment, 239 observation only.

Items in Schools reported on:							Conditions Found	
							County Schools	Voluntary Schools
							Inspected 104	Inspected 50
1. Surroundings:	Open	..	..	..	..	..	58	14
	Congested	..	..	..	..	..	46	36
2. Playground:	Adequacy	..	..	Satisfactory ..		..	76	24
				Unsatisfactory ..		..	28	26
	Surface	..	..	Satisfactory ..		..	73	32
				Unsatisfactory ..		..	31	18
	Tidiness	..	..	Satisfactory ..		..	104	49
				Unsatisfactory ..		..	—	1
	Condition of Dust Bins			Satisfactory ..		..	91	43
				Unsatisfactory ..		..	13	7
3. Classrooms:	Number	..	..	Satisfactory ..		..	89	40
				Unsatisfactory ..		..	15	10
	Adequacy	..	..	Satisfactory ..		..	88	40
				Unsatisfactory ..		..	16	10
	Condition of Walls and Floors	..	..	Satisfactory ..		..	63	21
				Unsatisfactory ..		..	41	29
	Means of preventing and removing dust			Satisfactory ..		..	102	50
				Unsatisfactory ..		..	2	—
	Waste receptacles ..			Satisfactory ..		..	104	50
				Unsatisfactory ..		..	—	—
4. Desks:	Type	..	..	Satisfactory ..		..	98	47
				Unsatisfactory ..		..	6	3
	Suitability	..	..	Satisfactory ..		..	97	45
				Unsatisfactory ..		..	7	5
5. Blackboards:	.. .. .	..	..	Satisfactory ..		..	97	43
				Unsatisfactory ..		..	7	7
	Do surfaces shine? ..	..	..	Yes ..		..	7	9
				No ..		..	97	41

Items in Schools reported on						Conditions Found	
						County Schools Inspected	Voluntary Schools Inspected
6. Ventilation:	Method	..	..	Natural ..	73	42	
				Artificial ..	31	8	
	Efficiency	..	..	Satisfactory ..	90	42	
				Unsatisfactory ..	14	8	
7. Lighting:	Natural	..	..	Satisfactory ..	99	44	
				Unsatisfactory ..	5	6	
8. Lighting:	Artificial	..	..	Satisfactory ..	92	40	
				Unsatisfactory ..	12	10	
9. Heating:	Method	..	..	Satisfactory ..	102	47	
				Unsatisfactory ..	2	3	
	Efficiency	..	..	Satisfactory ..	89	45	
				Unsatisfactory ..	15	5	
	Are room temperature charts kept up-to-date			Yes ..	9	7	
				No ..	95	43	
10. Medical Room	..	..	..	Present ..	13	3	
				Absent ..	91	47	
11. Staff Rooms:	..	..	..	Satisfactory ..	94	20	
				Unsatisfactory ..	10	30	
12. Drinking Water:	Adequacy of cups, jets, etc.	..	..	Adequate ..	72	43	
				Inadequate ..	32	7	
13. Dining Rooms	..	..	..	Present ..	57	17	
				Absent ..	47	33	
14. Wash Basins:	Number	..	..	Adequate ..	53	23	
				Inadequate ..	51	27	
	Suitability	..	..	Satisfactory ..	53	23	
				Unsatisfactory ..	51	27	
15. Towels:	Adequacy	..	..	Satisfactory ..	104	47	
				Unsatisfactory ..	—	3	
	Condition	..	..	Satisfactory ..	100	45	
				Unsatisfactory ..	4	5	
16. Showers:	..	..	..	Present ..	14	—	
				Absent ..	90	50	
17. Cloak Rooms	..	..	..	Satisfactory ..	83	35	
				Unsatisfactory ..	21	15	
18. Drying facilities	..	..	..	Present ..	48	20	
				Absent ..	55	30	
19. Sanitary Offices:	W.C.s						
							Number	..	..	Adequate ..	60	23

School Clinics

Location of School Clinics in Bradford

Central School Clinic and Offices		28a Manor Row
Edmund Street Branch Clinic		20 Edmund Street, Little Horton Lane
Green Lane	„ „	Green Lane, Manningham
Lapage Street	„ „	Carrington Street, Bradford Moor
Odsal	„ „	55 Odsal Road
Saint Street	„ „	Saint Street, Great Horton
Usher Street	„ „	Usher Street, Wakefield Road
Bierley	„ „	
(Minor ailments only)		Dunsford Avenue, Bierley

The Central Clinic and Offices remain open five and a half days per week; branch clinics are open each morning from 9.10 a.m. for the treatment of minor ailments. A doctor is in attendance at each clinic (with the exception of Bierley) on Wednesday and Saturday mornings for consultations.

Extra activities undertaken by members of the School Health Service included talks to parent-teacher associations, evening examination of children proceeding to Hest Bank Convalescent Home in Morecambe, examination of police court cases going to remand homes, supervision of the Residential Approved School for Delinquent Boys at Ilkley, certification of mental defectives with reports to the Mental Welfare Service and examination of prospective teachers with reports as required to the Ministry of Education.

The constant endeavour to help all types of handicapped children as early as possible was supported by information received from many sources, e.g. family doctors, the Maternity and Child Welfare Department and hospitals. Some needed official ascertainment as suitable for special schooling; a few, unfortunately, were ineducable.

A small number of pupils affected by cerebral palsy to a slight extent attend ordinary schools.

Treatment of Warts and Enuresis

At Odsal Clinic, Dr. Leedham found that a large number of the warts removed during the previous two years, by scooping with a Volkman spoon and by freezing with carbon dioxide snow, disappointingly returned later. Simpler methods were introduced during 1955

whereby treatment, e.g. painting with 25 per cent salicylic acid followed by soaking with 10 per cent formaldehyde, could be carried on at home and easily repeated if required. Thirteen children were thus treated, of whom five were cured; 57 warts were removed by scooping from 21 children. Three resistant cases were referred to hospital.

Thirty children complaining of nocturnal enuresis were asked to attend at monthly intervals accompanied by a responsible adult bringing a calendar showing the dates of bedwetting. After examination to exclude physical causes some patients were given a month's supply of $\frac{1}{4}$ grain phenobarbitone tablets (one to be taken at bedtime), others were given 25 mgms. benadryl capsules.

	Boys	Girls
Number who attended ..	22	8
Number cured	4	3
Number improved	11	1
Number unchanged	2	1
Number referred to family doctor.. .. .	0	1
Number referred to specialist..	1	1

School Nursing

During 1955 Miss Heineman retired after 27 years service as a school nurse, mostly in the Ultra Violet Ray Department. Miss Huddy, after 4 years as a school nurse, took the certificate of the Royal Society for the Promotion of Health, and returned to Lapage Street Clinic to do the combined work of a Health Visitor and school nurse.

School nursing is now being done as part of their duties by nine health visitors. Odsal, Lapage Street, Usher Street, Bierley and Saint Street centres are staffed by a team consisting of a doctor, health visitors, clinic nurses and nursing assistants, who are stationed there and provide a service, not only for school children, but also for under fives. Thus they are able to give a continuity of service which parents much appreciate; it is pleasant for the mother who knows the staff of her child welfare centre, to meet them when she attends with an older child at the school medical inspection.

It is gratifying to note that the number of children with head infestation has decreased by 1,000 during the last year. In 1955 this number was 3,400, compared with 4,400 in 1954. In many cases a child had a few nits on only one occasion during the year; in the majority of cases the infestation was slight.

There are, however, the families in which infestation is persistent and, because of parental neglect, difficult to eradicate. Where the mother for some reason, e.g. ill health or a large family, appears to be incapable of keeping her children's hair free from vermin, assistance is offered.

The attendant and nursing assistants gave 1,000 treatments at Canal Road Disinfecting Station in 1955. In addition routine care of the hair has been given on Saturday mornings in some of the school clinics. This service prevents the spread of infestation to other children. There are now various effective preparations for the treatment of pediculosis; advice on their proper use is available at all school clinics.

Note on pediculosis abatement quoted from a head teacher's letter dated 6th September, 1955: "The head infestation at our infant school is down to 6 per cent, and most of that is slight. From 33 per cent when we opened in September 1952 to 6 per cent now is something of a feat. At last all the patient work done by nurses concerned is bearing fruit. Theirs has been a long term policy of sympathy, firmness and giving practical help all the way. We are more than grateful to the service; nurse coming into the school is welcomed by the children and staff alike."

Summary of School Nurses' Work Sheets—1955.

House visits:					
Uncleanliness	..	..	..	..	700
Reports on B.C.G. cases	..	..	..	..	1,536
Children discharged from hospitals	..				1,002
Others	..	..	..	..	730
Number of schools inspected:					
Cleanliness:					
Elementary	..	..	..	..	1,732
Nursery	..	..	..	..	65
Secondary	..	..	..	..	36
Special	..	..	..	..	48
Preparation—weighing and measuring, vision, etc.:					
Elementary	..	..	..	..	604
Nursery	..	..	..	..	77
Secondary	..	..	..	..	52
Special	..	..	..	..	7
Number of children inspected:					
Cleanliness:					
Elementary	..	..	..	..	139,820
Nursery	..	..	..	..	2,449
Secondary	..	..	..	..	2,733
Special	..	..	..	..	3,451
Preparation—weighing and measuring, vision, etc.:					175,357
Elementary	..	..	..	..	23,645
Nursery	..	..	..	..	1,657
Secondary	..	..	..	..	1,312
Special	..	..	..	..	290

Head infestation:						
Elementary:						
Slight ..	..	..	..	..	..	8,229
Heavy ..	..	..	..	..	..	1,364
Nursery:						
Slight ..	..	..	..	..	..	252
Heavy ..	..	..	..	..	..	18
Secondary:						
Slight ..	..	..	..	..	..	97
Heavy ..	..	..	..	..	..	12
Special:						
Slight ..	..	..	..	..	..	143
Heavy ..	..	..	..	..	..	52
Uncleanliness of body ..	..	..	..	..	..	137
Ringworm ..	..	..	..	..	..	1
Scabies ..	..	..	..	..	..	2
Impetigo ..	..	..	..	..	..	61
Inflammatory eye conditions ..	..	..	..	..	..	61
Defective vision ..	..	..	..	..	..	850
Squint ..	..	..	..	..	..	72
Otorrhoea ..	..	..	..	..	..	30
Infectious diseases ..	..	..	..	..	..	4
Other conditions ..	..	..	..	..	..	373

Immunisation

The total number of school children injected with diphtheria prophylactic at the school clinics or in schools during 1955 was as follows:—

First dose ..	..	..	..	739
Immunisation completed ..	..	..	..	643
Reinforcing dose ..	..	..	..	1,965

A small number of pre-school children not attending nurseries came with brothers or sisters and were injected at the same time.

Analysis of Cases seen by Mr. Benson, Ophthalmic Surgeon, and Dr. Robertson, Ophthalmologist, at the School Clinics

	Children of School Age	Pre-School Children	Total
Errors of refraction	1,067	19	1,086
Squint	286	135	421
Other defects	10	17	27
			1,534
Referred to hospital for operation	22	13	
Referred to hospital for orthoptic treatment	25	4	
Referred Partially Sighted School	7	—	
Number of pupils for whom spectacles were:			
(a) Prescribed	1,039		
(b) Obtained	893		

During the year Mr. Benson examined all children at the Temple Bank School for Partially Sighted Children.

Special Educational Treatment

CHILDREN ACCOMMODATED IN INSTITUTIONS NOT MAINTAINED BY THE AUTHORITY DURING THE YEAR 1955

Institution	Blind	Handicap	Boys	Girls
Sheffield School for the Blind ..	..	Blind ..	1 (died March 1955)	1
York School for the Blind ..	..	Blind ..	5 (one boy left April 1955) (one boy died June 1955)	
Royal Normal College for the Blind ..	..	Blind ..	1	1
Worcester College for the Blind ..	..	Blind ..	1	—
Condover Hall School ..	..	Blind and Educationally Sub-normal	2	—
Mary Hare Grammar School ..	..	Deaf ..	—	1 (left July 1955)
Burwood Park School ..	..	Deaf ..	1	—
St. John's School for the Deaf ..	..	Deaf ..	1	1
St. George's Hostel, Salford ..	..	Diabetic ..	2 (one boy left July 1955)	—
Shaftesbury House, Rustington ..	..	Diabetic ..	—	2
Colthurst House School ..	..	Epileptic ..	2	—
Maghull Home, Liverpool ..	..	Epileptic ..	1	—
Lingfield Colony, Surrey ..	..	Epileptic ..	—	1
Orton Hall, Peterborough ..	..	Educationally Sub-normal	1	1
Dr. Barnardo's Special School, Ripon ..	..	Educationally Sub-normal	—	—
Ian Tetley Memorial Home School ..	..	Physically Handicapped	1	—
Hesley Hall School, Doncaster ..	..	Physically Handicapped	1	—
Saint Rose's R.C. Special School ..	..	Physically Handicapped	—	1 (left July 1955)
Holly Bank Special School ..	..	Physically Handicapped	—	1 (admitted Sept. 1955, left Oct. 1955) (unsuitable)

Children's Convalescent Home, Southport ..

The following cases were awaiting admission to special schools or institutions not maintained by the authority on 31st December, 1955:

Blind ..	1 girl	Epileptic ..	1 girl
Blind ..	1 boy	Epileptic ..	1 boy

Physiotherapy

No waiting list was allowed to accumulate during 1955.

There was an increase in the number of attendances in the 12 months despite the fact that fewer cases were referred. This reflects the time spent enlisting the interest of both parents and children in understanding what is wrong and why; also the need for regular attendance. This led to an increase in the number of children discharged cured from 24 in 1954 to 51 in 1955 and those much improved from 44 in 1954 to 58 in 1955.

The effective treatment of foot defects consumed more time than did the other conditions seen in this department.

Number of cases carried over from 1954	88
New cases	165
From school medical officers	144
From general practitioners	21
Boys	69
Girls	96
From Grammar School	23
From Secondary Modern School ..	50
From Primary Schools	83
From Nursery Schools	6
From Special Schools	3
Classification of cases:	
Scoliosis	32
Kyphosis	33
Foot deformities	67
Chest conditions	24
Recent injuries	9
Attendances:	
Girls	1,996
Boys	1,285
Total ..	3,281
No treatment required	1
Referred to Special School	1
Home treatment	1
Discharges:	
Cured	51
Very much Improved	58
Improved	19
Unchanged	2
Self discharged	22
Left school	1
Removed from Bradford	1
Referred to hospital	2
Declined treatment	2
Carried over to 1956	92

The 47 children referred to Odsal branch clinic for physiotherapy were classified as follows:—

From Secondary Schools..	..	..	7
From Primary Schools ..	..	..	25
From Infants' Schools ..	..	..	13
From Nursery Schools ..	..	..	2
Classification of cases:			
Foot deformities ..	..	..	30
Posture defects..	..	..	8
Chest conditions ..	..	..	9
Attendances:			
Boys ..	..	..	280
Girls ..	..	..	239
Unable to attend because of home			
circumstances ..	..	..	1
Discharges:			
Cured ..	..	..	30
Self discharged ..	..	..	4
Carried over to 1956 ..	..	..	36

Ultra Violet Ray Therapy

Following the resignation of Nurse Heineman this department was transferred to our physiotherapists. Each patient attended twice weekly for eight weeks; the period of exposure to the U.V. Ray lamp was increased by one minute supplements on successive attendances up to a maximum of fifteen minutes.

CASES TREATED BY ARTIFICIAL SUNLIGHT, 1955

Defect	No. of Children	Average Age in Weeks	Minimum No. of Weeks	Maximum No. of Weeks	Number of Exposures															Signs of Improvement					Result of Treatment			
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Energy	Sleep	Nutrition	Haemoglobin	Condition Cleared				
					Condition Improved	No. Change	Much	Slight																				
Anaemia ..	52	7.0	4.5	10.0	52	59	58	57	58	58	54	58	54	51	41	38	34	30	20	11	16	15	14	34	20	27	5	—
Anorexia ..	22	7.0	4.0	11.0	26	25	24	23	24	25	24	26	22	20	14	18	15	13	9	6	6	8	6	12	8	12	2	—
Asthma ..	16	7.5	5.0	10.0	20	24	25	24	23	20	17	16	18	17	12	12	12	9	8	3	8	4	5	9	2	14	—	—
Bronchitis ..	37	7.5	5.0	12.0	42	45	42	42	46	43	43	44	29	37	31	30	31	23	20	5	8	9	4	18	8	27	2	—
Bronchial Catarrh	32	8.0	4.5	12.0	32	33	34	35	35	42	32	33	32	29	27	24	23	20	13	3	15	10	6	17	13	16	3	—
Cervical Adenitis..	5	7.5	5.0	8.5	5	5	5	6	5	5	7	6	5	4	5	4	4	4	3	1	1	1	1	1	3	2	—	—
Debility ..	42	7.0	4.5	12.5	45	47	52	50	51	47	44	47	46	43	36	33	31	27	19	12	13	16	9	25	19	18	5	—
Frequent Colds ..	67	7.5	4.5	11.0	78	78	82	79	73	73	74	73	69	70	71	63	53	48	36	13	14	15	10	41	26	37	3	1
Skin Diseases ..	23	7.5	4.5	9.0	24	25	24	24	25	25	25	28	24	23	18	17	13	13	11	3	3	3	6	21	9	9	2	3
Other Defects ..	90	7.5	4.5	10.0	93	91	100	97	99	95	97	92	92	93	90	81	73	65	41	19	27	23	11	52	30	48	11	1
Catarrh ..	22	7.5	4.5	11.5	23	24	23	23	26	26	25	25	25	22	24	21	19	18	12	5	11	9	5	17	5	16	—	1

CASES WHO RECEIVED ARTIFICIAL SUNLIGHT BUT FAILED TO COMPLETE COURSE

Defect	No. of Children	Average No. of Weeks	Maximum No. of Weeks	Minimum No. of Weeks	Number of Exposures									Reason for Discontinuing Treatment					
					1	2	3	4	5	6	7	8	9	Further Treatment Declined	Defaulted	Advised by S.M.O. to discontinue treatment	No one to accompany patient	Transferred to Special School	Advised by G.P. to discontinue treatment
Anaemia	7	1.5	2.5	0.5	7	7	7	1	—	—	—	—	—	1	3	—	—	1	—
Anorexia	2	3.0	3.5	3.0	3	3	2	5	1	1	—	—	—	—	1	—	—	—	—
Bronchitis	3	2.5	5.5	0.5	4	2	3	1	1	1	1	1	2	1	1	—	—	—	—
Bronchial Catarrh	3	2.5	3.0	2.0	3	4	3	2	2	1	—	—	—	—	2	1	—	—	—
Debility	6	3.0	5.0	1.0	8	11	8	4	2	1	1	—	—	—	5	—	—	—	1
Frequent Colds	13	3.0	7.0	1.0	14	15	11	9	8	6	9	6	5	4	8	1	—	—	—
Other Defects	18	2.5	6.0	1.0	21	17	17	17	11	10	7	4	1	7	10	—	1	—	—

Speech Therapy

During the year skilled treatment was provided at the Central Clinic daily and at Odsal Clinic on one day per week. In addition, fortnightly visits were made to Lister Lane Special P.H. School to help selected pupils. At the request of head teachers other schools were visited during the year to advise on problems of speech handicapped pupils. Talks explaining the work of the speech therapist were given to three parent-teacher organisations.

Altogether 210 children suffering from various forms of speech disorder received treatment. Of the 84 children who were discharged during the year, 56 were completely adjusted, 17 showed marked improvement; but 11 had to be discharged showing little or no improvement, the chief cause being parental unwillingness to co-operate.

A total of 129 children was referred for treatment during the year. The majority of these were attending infants' departments, their speech defects having been noted by the school medical officers at periodic inspections. The majority of defects were stammering, or delayed speech development, or articulative defects of varying severity. At the end of the year there were 38 children awaiting treatment as against 29 in December 1954.

Further progress was made towards helping the stammerer in school, as experience showed that success depends to a large extent on teamwork by the speech therapist, school teachers and parents, the child and his associates. Teachers were provided with information showing how they could best help the stammerer overcome his handicap.

Lip Reading

Miss Walker, a teacher at Odsal Special Day School for Deaf Pupils, met a small group of selected partially-deaf children from ordinary schools at the Central Clinic each Monday from 4.0 p.m. to 5.0 p.m.; three, including a St. Joseph's College girl, had hearing aids supplied by the Royal Eye and Ear Hospital.

Part of the hour was devoted to the study of individual sounds and their recognition in whispered words by visual lip reading. The subject matter was based on current lessons familiar to the children in their own schools. Three pupils were discharged as their skill in lip reading, or hearing acuity of standardised sound signals, became satisfactory.

Chiropody

During the year 260 children were treated by Mr. Dalby at the Central School Clinic. An average of 20 children attended the weekly three-hour session. A total of 974 visits were recorded over 48 treatment sessions; each child making on an average 4 attendances before being discharged.

Approximately 80 per cent of the cases were verrucae; these did not recur after treatment by chemical cautery. Several patients with flat feet, hallux valgus, etc., were referred to the Physiotherapy Department.

Bradford Child Guidance Clinic

Annual Report of the Director.

Psychiatrist and Director: Dr. H. Edelston, M.D., D.P.M. (4 sessions per week)

Educational Psychologist: Mrs. B. Brook, B.A. (full-time)

Psychiatric Social Worker: Miss S. M. Heyworth, P.S.W. (full-time)

This, my sixteenth report on the Bradford Child Guidance Clinic, appears in unusual circumstances. I have been invited by the Youth Immigration Department of the Jewish Agency to do a job of work for them in Israel which will entail by going abroad for at least a year. In consequence I have been obliged to give up my position as Psychiatrist and Director of the Clinic, and will be leaving England after Easter. There have been other staff changes, too. Miss Heyworth, who has been with us since 1951, has left to take up a post in Nottingham. As yet we have no Psychiatric Social Worker to take her place, which leaves only Mrs. Brook to maintain a skeleton service pending the resumption of a full establishment. This, I hope, will not be long delayed.

I am giving the usual tables, which show that our figures are well up to their regular level. Instead of commenting on them in any detail as in previous years, perhaps I may be allowed on this last occasion a few reflections on my 16 years work here, as well as a few suggestions for future development.

TABLE 1 *Summary of Cases Referred and Examined*

	Referred	Examined	Withdrawn
Schools	37	17	14
Parents	34	18	5
School Health Department.. ..	49	27	10
Family Doctors	26	15	8
Probation Office and Juvenile Court	25	24	—
Education Department	14	11	2
Children's Officer	11	10	—
N.S.P.C.C.	1	1	—
Maternity and Child Welfare Dept.	—	—	—
Speech Therapist	5	3	1
Hospitals	5	4	—
Psychologist	5	5	—
Marriage Guidance Council.. ..	—	—	—
Special Schools	—	—	—
Family Service Unit	2	2	—
Other Child Guidance Clinics ..	—	—	—
Other Social Agencies	2	1	1
Totals ..	216	138	41

TABLE 2 *Symptoms for which Referred*

Symptoms	No. of Cases
Stealing	40
Aggressive and difficult behaviour	41
Evasive behaviour problems, truanting, lying, refusal to go to school	24
School failure and backwardness	24
Anxieties, fears, shyness and depression	14
Enuresis and soiling.. .. .	31
Psycho-somatic disorders	4
Sleep disturbance, sleepwalking, nightmares and terrors	5
Nervous habit disorders	3
Regressive behaviour: babyishness and immaturity ..	12
Sexual aberrations	9
Remedial teaching	2
Speech defects: stammer and babyish speech	5
Physical disorders—epilepsy	—
Mental illness	2
	216

TABLE 3

Examined	138
Withdrawn	41
Awaiting diagnosis	37
	216

TABLE 4 *Treatment Cases*

Cases carried forward from previous years	37
Cases begun and finished in 1955	24
Cases carried forward to 1956	46
Total cases under treatment 1955	107

TABLE 5 *Results of Treatment Cases Closed in 1955*

Improved ..	32
Not improved	13
Lapsed ..	8
	53

TABLE 6 *Disposal of Non-Treatment Cases*

Advice to schools	6
Transfer to Linton Camp School	17
Advice to parents	6
Transfer to Special Schools: McMillan, Thorn Garth Hostel and Odsal Deaf School	8
Transfer to care of Local Authority	4
Probation advised	7
Referred back to general practitioner for physical treat- ment	—
Transfer to Social Agencies; Family Service Unit, etc...	—
Transfer to Probation Hostels and Homes	1
Transfer to Secondary Grammar School	1
Transfer to Secondary Modern School	1
Transfer to Speech Therapist	—
Transfer to Approved School	6
Referred back to School Medical Department for physical treatment	—
	57

One outstanding feature in modern psychiatry, of the post-war years in particular, has been the enormous expansion of the child guidance services. Before the war child guidance was a small, almost experimental movement, restricted almost entirely to London. Today, hardly a town or county area is without its clinic. Even so the recent Government Report on Maladjusted Children recommends something like doubling the facilities already available. They are so much the answer to many of our problems in relation to children's upbringing in particular, and the more remote aim of anticipating and preventing adult psychological disorders in general. This enormous expansion carries a danger with it, the danger of taking on more than we can legitimately cope with. It is much easier to see what is wrong with children—and their parents—than to put matters right. Far too often a diagnosis is made and there the matter is left. In our experience making a diagnosis without offering some kind of help is unsatisfactory. Quite often, with parents especially, we are unable to give them the help—in the form of treatment—that they really need.

There is still another point. The very success of the Child Guidance Clinic with the truly neurotic case, has led us to be consulted more and more about behaviour problems needing a very different kind of remedy. Accurate diagnosis of the child and its background is now a first prerequisite, calling for a highly skilled and trained personnel in the Clinic. As this special training is not very easy to secure and with the present shortage of child psychiatrists, there is a great pressure of work on the existing staff.

It is well known that psychological treatment is very time consuming if it is to be carried through properly. In the really disturbed cases, which are the real test of the Clinic's special capacity, one must be prepared to go into a case properly or not at all. It is not much use upsetting a family to reveal and release the tension in any situation if one is not prepared to keep the family under treatment until they are resolved. Here lies an extension of the Clinic work into the field of adult neurosis. We come across many a seriously disturbed parent in need of special psychological treatment for whom the set-up of a Psychiatric Out-Patient Department in a General Hospital is entirely unsuited. To my mind, this kind of patient is much better kept away from the hospital altogether. For them there is great need of a special clinic which could be run in conjunction with, and housed with, the Child Guidance Clinic. It is a natural and logical extension of the finding that neuroses start in the family set-up, and in the family they should be combated. This is a line that has been developed in London, where the appropriate institution is called 'The Department for Children and Parents'. I look forward to the time when some such institution will be provided in this district too. We will then be able to give disturbed parents, as well as disturbed children, the full attention that they need.

I cannot leave this report without some reference to the truly excellent work which has been done at Linton School. It is an almost unique institution in that it has worked for many years now with the absolute minimum of official formality and, as far as parents are concerned, on a voluntary basis. I have described the basis of our selection of children in my previous reports and will do no more than refer to it now. There is a certain type of child well recognisable on careful examination. Mostly they are brought to us for some kind of behaviour problem, yet not the sort of case to respond to ordinary Clinic treatment because he or she is in need more of training than treatment. These children do extremely well at Linton, where with the whole-hearted co-operation of Mr. Sternwhite and his staff we have found year after year we are

able to manage children who previously, in their own homes, appeared to be intractable problems. I am sure that on more than one occasion we have saved a child from an approved school, which would otherwise have been the only alternative. Besides the economy of operation, it is much easier at Linton for the family to keep in touch. After many years of spade work we have reached the point where parents are ready to look upon Linton School sensibly as an extension of the Bradford school services. I am pleased to hear that the Education Authority is considering taking over the school entirely, for it is a valuable institution that the city can be proud of.

This year I have carried out my usual duties, working part-time in the Clinic and part-time in the schools. I am finding that my waiting list for school visits is becoming longer and longer. Many head teachers send for me to deal with problems of backwardness, and the waiting list at present is more than six months. I could wish for an assistant to help not only with the assessment of backwardness in the schools but with the remedial work which should follow diagnosis. I am still hoping that in the future, when staffing becomes easier, we may open a remedial teaching centre which would do the work of the tutorial classes which have had to be disbanded.

Regarding the assessment of backwardness in the schools, most of the children awaiting remedial teaching are not recommended to me before the age of 11. These general statistics come from the under 70 list of the Secondary Selection Panel. Thus, every year, in addition to the children I find in the schools needing remedial teaching, I have 100 to 200 children whose reading ages are all very much retarded. I cannot possibly deal adequately with such large numbers whilst working single handed, and I feel strongly that we should have more facilities for remedial teaching, since at least 80 per cent of these retarded children could be taught to read with intensive teaching.

Finally, I would thank all those with whom we have collaborated during the past sixteen years.

Linton Residential Special School for Delicate Pupils

Accommodation was provided for 60 boys and 60 girls in four dormitories; of these 120 pupils 90 were in the delicate category and 30 maladjusted referred by the psychiatrist; there was a tendency for children in the latter group to be older.

Age range of children at end of 1955:—

6 years	..	—
7 years	..	10
8 years	..	19
9 years	..	13
10 years	..	18
11 years	..	13
12 years	..	17
13 years	..	10
14 years	..	9
15 years	..	—
16 years	..	—
		109

Admissions are arranged for 90 delicate and 30 maladjusted pupils. As a recipe for keeping maladjusted in a minority this is, theoretically, a good idea, but in practice children are seldom acknowledged by parents as maladjusted until they reach senior age. So senior classes and dormitories have a larger percentage than they should have of maladjusted.

The best antidote to loneliness was again found to be "Family" groups taken by teachers and welfare assistants on Thursdays for close personal confidences. Formal instruction was given in five classes, i.e. three senior each with 25 places, one junior with 25 places and one tutorial for 20 backward pupils. Activities included handicrafts, football, cricket, swimming and expeditions for light camping. Clubs were organised for those interested in field studies, music, drama, country and ballroom dancing, embroidery.

The general state of children's health remained good; no case of infectious disease occurred.

Total No. of days in bed	..	..	..	320
Average No. of cases treated daily by nurse				34
Number seen by specialist	..	..	..	13
Number transferred to hospital	..	..	..	5
Average number of cases in bed during year				0.97

One case of psychogenic anorexia, after several bouts of severe vomiting treated in the children's hospital, was discharged to her own home in Wakefield.

There were two dental inspections by Mr. Morrell; teeth extractions are now arranged, when not urgent, during the time the children are on holidays in Bradford. There were three medical inspections by Dr. Langley in March, July and September. In September 1955 the following cases were in residence:—

Nasal and bronchial catarrh	30	Asthmas	12
Bronchitis	24	Anorexia	34
Cervical adenitis	2	Anaemia	39
Otorrhoea	12	Debility	30
Ex. sanatorium	2	Chorea.. ..	9
Petit mal	1	Rheumatism	7
Chronic eczema	6	Bronchiectasis	1
Tuberculous contacts ..	8	Tonsils and adenoids..	1

There were 22 intermittent bedwetters and 4 regular enuretics.

Dr. Wynn of Addingham visited regularly for usual domiciliary medical treatment, and he attended promptly whenever requested by telephone. All maladjusted pupils were reviewed once during the year; a few attended the child guidance clinic in Bradford when requested.

Lister Lane Special Day School for Physically Handicapped Pupils

At the end of 1955 there were 158 children on roll from three years of age to sixteen, suffering from the following disabilities:—

Congenital V.D.H.	15
Rheumatic V.D.H.	4
Dextrocardia.. ..	1
Bronchiectasis	2
Asthmas	3
Lorraine's infantilism	1
Recurrent broncho-pneumonia	1
Hydronephrosis	1
Chorea	1
Delecate	2
Epilepsy	2
Epilepsy spastic	5
Rheumatic arthritis.. ..	1
Haemophilia	1
Malformation of anus	1
Achondroplasia	1
Fragilitas ossium	2
Amputation—legs	2
Amputation—arms	1
Friedrieck's ataxia	1
Tuberculosis—spine.. ..	8
Tuberculosis—joints	12
Defective growth	1
Spina bifida	10
Curvature spine	3
Pseudo-hypertrophic muscular dystrophy	4
Perthes' disease	5
Infantile paralysis	19
Multiple injuries	1
Dislocation—hips: congenital and pathological ..	4
Osteomyelitis	3
Talipes	13
Cerebral palsy	27

158

During the year 16 were well enough to be transferred to ordinary schools, three being admitted to grammar schools and one entered a commercial college in Leeds.

Five children reached 16 years of age, three others were allowed to leave at 15; all eight found suitable employment.

The school staff included 10 teachers, two physiotherapists and one nurse. Every fortnight a school medical officer visited and every other week one of the two consultant orthopaedic surgeons held clinics here. Operations were performed in hospital when necessary.

All children were helped to overcome their handicaps by teacher and physiotherapist alike, and to enjoy work and play as fully as possible; the aim was to fit the children for transfer to ordinary school; those with persistent defects were trained for suitable congenial occupations. There were seven classes, graded mainly according to age, but sometimes according to ability and aptitude. The senior boys and girls received lessons in handicraft, housecraft, commerce and needlework.

Swimming was introduced among the seniors in January of this year, with such good results that its extension to the younger children has been effected. Several gained certificates and are very keen on this activity.

There was a full inspection by H.M.I.s in May. Dr. R. Weaver of Leeds stated: "From the medical point of view the school is, on the whole, an admirable one. The atmosphere is happy and the children are well cared for."

The summing up of the Ministry's report was as follows:—

"The children show by their outlook and demeanour that an admirable environment is being provided which encourages a normal attitude to life. Their happiness, the friendly way they receive visitors and their willingness to help each other reflects credit on the organisation".

Baildon Residential School for Physically Handicapped Pupils

In this country mansion the nursing staff comprised matron, one sister, three nursing assistants and one night nurse. They cared for an average number of 24 children who no longer required intern hospital treatment but were not yet fit for ordinary day schooling; most of the cases were cardiac complications of rheumatic fever. During the year five were sent back to hospital, including two for tonsillectomy, one for thoracic surgery, one for investigation of glycosuria and one for further

treatment of bacterial endocarditis. Twelve pupils became fit for discharge to their own homes; twelve new patients were admitted.

The Local Education Authority allowed 4 of the 29 places to outside applicants; negotiations were usually through the West Riding Education Authority at Wakefield.

Medical attention was given by Dr. R. L. Langley, consultant paediatrician, whose home is nearby, and Dr. R. Woodhead, School Medical Officer.

Regular lessons were given by two teachers. Courses in first aid were given by Sisters to boys and girls over twelve years of age; scout and cub troops were organised by Mr. Fox, a Scout Master who kindly visited each Tuesday evening. Our good neighbour, Mrs. Thompson, again very generously gave a Christmas party; the lavish fare and entertaining magician were greatly appreciated.

All the children made satisfactory progress; none suffered from respiratory infections so common elsewhere during the winter.

McMillan Special School for Educationally Sub-normal Pupils

The number of pupils on roll was 220; attendance fell during the Christmas term because of influenza.

Encouraging results were obtained from the reading and writing schemes introduced two years earlier. A film strip projector expanded the teaching of geography and general knowledge, e.g. screened pictures entitled "Switzerland, Bread, Water and Oranges" made authoritative impressions on young minds conditioned by frequent visits to cinemas.

Two children were transferred to ordinary schools; probably their promotion was due to the solution of emotional difficulties.

Fortunately there were few staff changes during the year; woodwork for boys and housecraft for girls were developed; an excellent exhibition of work held in the hall during December enlightened parents about their children's school activities and much impressed several official visitors. Cakes and other dainties baked by the girls catered very acceptably for the Christmas parties. The children's gardens produced an abundance of vegetables; marrows and tomatoes were particularly successful.

The longstanding problem of pediculosis was overcome by Nurse's weekly visits; less frequent visits are now necessary. Enuresis was prevalent until regular toilet drill was made compulsory.

An excursion to Scarborough for the seniors and to Belle Vue Zoo for juniors were outstanding events favoured with fine weather.

Gratifying progress was made both in academic attainment and social behaviour. Environment is being improved by levelling and asphaltting two playgrounds; this should facilitate cleanliness and reduce the numerous injuries previously caused by cobbles in the muddy ground.

For the greater part of the year there have been 32 educationally sub-normal boys aged 9 to 16 years resident in Thorngarth hostel. These included 18 local boys, 5 boys in the care of the Children's Officer and 9 boys from other authorities. Eight of the youngest were accommodated in the main building and the remaining 24 in the dormitories in the annexe. Though for one short period the number of resident staff was reduced to four, during the greater part of the year five or six have been resident and available for supervision. The situation regarding domestic staff has been fairly satisfactory, and at present this side of the hostel is fully staffed.

Routine (normal weekdays)

Call	..	..	7.30 a.m.
Breakfast	..	..	8.00 a.m.
School..	..	..	9.00 a.m.
Tea	..	..	4.15 p.m.
Supper	..	..	7.00 p.m.

Junior boys bath and get ready for bed immediately after having supper, seniors at 8 o'clock. During the summer months these times are approximately half an hour later. On Saturdays and Sundays all boys are called at 8.0 a.m. Every boy makes his own bed and each day the older ones perform some little domestic task of about 20 minutes duration, e.g. dormitory cleaning, etc. On Saturday morning a little longer is spent on the normal daily job.

There was no serious ill-health throughout the year. Cases in which the local doctor has been consulted included two of suspected appendicitis. The annual allowance of £400 is quite adequate for clothing and all necessary replacements. In future some parents will contribute to the cost of these.

A 20-inch screen television set was supplied in August 1955 and also a full sized billards table. The former was installed in the main building and the latter in the stable block. In addition two rooms were available for indoor activities, one of which is reserved for quiet games, etc., and light crafts. During the winter months all boys watched T.V. Children's hour from 5.0 to 6.0 p.m., the older ones had approximately a further hour's viewing later in the evening if programmes were suitable. When

the nights have been lighter, instead of watching television the boys played outside except for special programmes, and on evenings when the weather conditions made outdoor recreation impossible.

Light craftwork, e.g. stool seating, canework and soft toy making, were introduced; it is hoped that through the sales of completed articles this will be self-supporting in addition to providing a purposeful leisure time activity and an alternative to the usual games. Besides these activities, interested boys assisted with the care of the hostel livestock and pets.

At weekends, recreation has been outside whenever possible, and football matches were played against local boys' teams. In the summer, week-end and evening cricket matches were arranged. On Saturday evenings the boys normally visited one of the local cinemas accompanied by staff; a further visit during the week was frequently arranged when suitable films were shown.

All boys (excepting Catholics) attended morning service at Idle Parish Church each Sunday; arrangements were made for the Catholic boys to be escorted to their own church by an adult church member, who returned to the hostel with them at the end of the morning worship. Visits by parents and friends were arranged for the first week-end in each month; the majority of local boys were usually visited on either the Saturday or Sunday. With out of town and other boys not visited the local vicar has been most co-operative; he arranged for them to be given hospitality by church members. All boys wrote home at least once each week.

At Christmas time the Youth Fellowship attached to the Parish Church provided a trip to the local pantomime for the boys and also gave them a party and entertainment as part of the Christmas festivities.

It is felt that if the hostel is really fulfilling its purpose there should be a decided improvement socially during the period a boy is resident. In many cases this was apparent after quite a short time.

Odsal Special Day School for Deaf Pupils

In January 96 children were on roll, the number increased to 103. There were six classes for Grade III deaf pupils and four for partially deaf. During the Spring term student teachers from Manchester University (Department of the Education of the Deaf) did their final school practice at Odsal House. Two boys took the entrance examination for the Burwood Park Technical Grammar School for Deaf Boys, both successfully. They entered their new school in September.

During the year we were visited by Dr. Henderson, Dr. Huss and Mr. Parnham, H.M.I.

The schools again organised various activities: 13 senior girls spent Whitsuntide walking in North Wales. 35 children accompanied by 5 teachers had a week at Stainforth Youth Hostel during June and they enjoyed many new and valuable educational experiences. The senior school visited Liverpool and New Brighton; the juniors went to Belle Vue Zoo. At the garden party in June all the classes contributed an item to the out-of-door display.

During the year a much more efficient system of blackboard, class-room and hall lighting was installed. The Royal Eye and Ear Hospital continued to co-operate well, their hearing aid technicians attended the school regularly to service Medresco hearing aids. Groups of children were examined by the otologist at the hospital; treatment was given where necessary.

The school was visited by the Lord Mayor and Lady Mayoress of Bradford, accompanied by members of the Education Committee, in October. The first speech day and prize-giving was held at school in November, when a large audience of parents and friends attended. Alderman Whiteoak presided, Alderman Hird addressed the meeting and presented the prizes. Permission has now been granted for the school to accommodate 120 handicapped pupils.

Temple Bank Special School for Partially Sighted Pupils

During 1955 the average number of children on roll was 70. Eight children were admitted and 11 discharged. Of these 11 who left:—

- 1 was sent to McMillan E.S.N. Special School
- 2 were transferred to normal schools
- 5 were discharged at 16 years of age
- 2 were discharged at 15 years of age
- 1 gained entrance to Worcester College.

Of those 7 who left because of age the boys took posts as: apprentice gardeners (2), fireplace maker (1); the girls took posts as: junior clerk (1), shop assistants (2) and box maker (1).

During the year there were a number of visitors from training colleges, Leeds Institute of Education, hospitals and clinics.

Ophthalmic attention was given every two months by Mr. Benson, Consultant Ophthalmic Surgeon. Periodic examinations and immunisations were given by Dr. Woodhead. A dental inspection was held.

Helpful advice was given during visits from Miss Ostler, Miss Hardaker, Mrs. Brook, Mr. Davies and Mr. Crossland.

In October the school was honoured by a visit from the Lord Mayor and Lady Mayoress accompanied by the Director with the Education Committee.

The school was generally inspected in October by H.M. Inspectors, Mr. Mawson and Mr. Munro, with the assistance of Dr. Weaver of the Ministry of Education. Dr. Atkinson gave information at the ultimate conference.

The children were well provided with concert music during the year, four groups making visits to St. George's Hall to hear the W.R. Demonstration Orchestra conducted by Mr. Hankin; the string section of the same orchestra gave an interesting demonstration in school.

A group of 12 senior pupils and two teachers went to London, stayed overnight and visited the Houses of Parliament, the Tower, etc.; a trip on the river to Greenwich was instructive and restful. The local M.P. was generously helpful.

Mr. Walker, a member of the staff, left at midsummer; in September two members went to London for a ten-day Ministry of Education course for teachers of P.S. children.

School Dental Clinic

H. V. MORRELL, L.D.S., R.F.P.S. (Glas.)

It is recorded with pleasure that the alterations to the Dental Department at the Central School Clinic are being carried out as approved by the Committee. These alterations are extensive and when complete the clinic will have two additional surgeries, a pleasant waiting room, and will soon be ready for the treatment of patients.

The work was commenced in August, and the dental officers express their thanks to the architects and all other departments connected with this work, for their courtesy and consideration during this difficult period which allowed us to maintain an emergency service from surgery to surgery as the work progressed. The new well equipped surgeries will enable the dental officers to work under ideal conditions. An opportunity was taken during the alterations for one dental officer to carry out dental inspections and treatment on the premises of children attending Lister Lane P.H. School and McMillan E.S.N. School, using portable equipment. During the year 21,135 children in the periodic

age groups attending schools in the city received dental inspections, and 6,669 were inspected prior to receiving emergency treatment at the clinic.

The total number of children inspected was 27,804; of these 16,588 were found to require treatment. 13,840 children were referred to the clinic and 10,169 actually received treatment at the clinic, making 13,333 attendances for this purpose. The number of sessions devoted to inspection was 229; this is a little more than in the previous year and is approximately in the ratio of one inspection session for ten treatment sessions.

Inspection is carried out in the schools with the aid of probe and mirror; an opportunity is taken at the time of inspection for a short personal talk to the children on oral hygiene; this is followed up with further chairside talks at the clinic with parent and child, with a hope of lessening future dental disease.

A brief summary of treatment at the clinic shows that 2,738 fillings were completed, 5,254 permanent teeth extracted, 12,833 temporary teeth extracted. Nitrous oxide anaesthesia was administered on 10,294 occasions. With the acquisition of a McKesson apparatus it is now possible to give continuous nasal anaesthesia for cases requiring extraction. "Other Operations," which numbered 793, included silver nitrate treatment, special gum treatment and root dressings. Only seven cases of severe bleeding after tooth extraction occurred. The number of "Special" or casual cases presenting themselves for treatment was 6,669; the time spent in treating them seriously impedes the dental officers' programme, but every opportunity is taken to make children's mouths healthy. Not only are the aching teeth removed, but others that may be prejudicing the health of the child.

Children attending Linton Residential Special School for Delicate Pupils were inspected twice during the year in July and December; the inspections were arranged so that the defects noted could be treated when the child was at home in Bradford during the school holidays and could attend the clinic with the parent.

It is pleasing to report that successful results have already been obtained in an appreciable number of orthodontic cases undertaken and a definite improvement in the condition of the majority of the remainder.

Each year reveals the necessity for adequate supervision and treatment of the school child; slight defects are much sooner remedied in the early stages. Mrs. Chomse, B.D.S., resigned her post in October 1955 for family reasons; her services were greatly valued.

The Odsal Clinic is making good progress and is much appreciated by parents living in that district.

Mr. A. S. Metcalfe, L.D.S., R.C.S., at Odsal Clinic, reports: During 1955, 3,730 children were examined in the schools, of whom 1,014 were referred to the Clinic for treatment. 2,678 attendances were made at the Clinic. Emphasis was again laid on preventive treatment by means of detailed instruction in oral hygiene to each child, and discussion and advice on particular problems with parents accompanying their children, and also by talks at meetings of parent-teachers' associations.

A summary of the work done shows that 1,177 fillings were completed; 470 permanent teeth were extracted and 514 deciduous teeth were extracted. For the extractions a general anaesthetic with nitrous oxide was administered in 378 cases, the rest being accomplished under local anaesthesia.

Other operations were performed in 179 cases; these being scaling and polishing of teeth, treatment of gum conditions, the taking of X-ray films, orthodontic treatment and the construction of partial dentures. Twenty-five orthodontic appliances were constructed; these ranged from plates to move particular teeth into correct anatomical occlusion to apparatus to correct cases of muscle imbalance and incorrect breathing habits. Also three partial dentures were made in cases where teeth had been lost mainly due to accidents.

As in the previous year, splendid co-operation has been received from the head teachers of all schools visited, which has greatly facilitated the work of the department; the appointment system, under the direction of the Dental Attendant, continued to function smoothly.

During the year two new rinse bowls were fitted in the recovery room and proved of great benefit, particularly during general anaesthetic sessions.

Orthodontic Report

F. G. PARKER, B.CH.D., L.D.S.

C. D. PARKER, B.CH.D., L.D.S.

During the past year the Orthodontic Clinic, which commenced in 1954, has been expanded. The number of patients commencing treatment in 1955 was greater than 1954, all the children who finished active treatment have been inspected every three months. In this way the progress of the case has been methodically reviewed and any commencing caries treated by conservation of the teeth.

No case commencing treatment in 1955 voluntarily terminated that treatment; this speaks well for the co-operation and keenness of parents in having their children's teeth corrected, and for the success of the method of selecting cases for treatment.

A nucleus has now been firmly established in this field of dentistry which can be maintained and probably enlarged as more parents now take an active interest in the appearance and efficiency of their children's teeth. The subsequent list of figures gives a review of the past year's work in tabulated form:—

No. of patients under treatment	45
No. of patients commencing treatment in 1955 ..	27
Treatment completed because patients did not co-operate	—
No. of fillings	113
No. of extractions of permanent teeth	18
No. of extractions of temporary teeth	47
No. of appliances	33

Appendix

Medical Inspection Returns

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools):—

A. *Periodic Medical Inspections*

Number of inspections in the prescribed groups:

Entrants	4,188
Second age group	3,904
Third age group	2,132
Total	10,224
Number of additional periodic inspections	6,309
Grand total	16,533

B. *Other Inspections*

Number of special inspections	4,015
Number of re-inspections	3,413
Total	7,428

C. *Pupils found to Require Treatment*

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin).

Group				For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA.	Total individual pupils
Entrants	..	..	..	37	826	850
Second age group	..	..	..	235	621	804
Third age group	..	..	..	154	325	444
Total (prescribed groups)				426	1,772	2,098
Additional periodic inspections				347	906	1,177
Grand total				773	2,678	3,275

TABLE II

A. Return of Defects found by Medical Inspection during the year.

Defect Code No.	Defect or disease	Periodic Inspections No. of defects		Special Inspections No. of defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
4.	Skin	653	386	564	48
5.	Eyes—(a) Vision	773	1,420	249	194
	(b) Squint	166	277	30	18
	(c) Other..	130	53	110	10
6.	Ears—(a) Hearing	66	100	29	27
	(b) Otitis media	50	124	2	1
	(c) Other..	23	72	100	14
7.	Nose and Throat..	467	1,035	272	60
8.	Speech	70	84	40	6
9.	Cervical glands	21	319	22	9
10.	Heart and circulation	118	311	78	37
11.	Lungs	158	337	132	48
12.	Developmental				
	(a) Hernia	10	22	—	—
	(b) Other	43	145	8	3
13.	Orthopaedic				
	(a) Posture	339	274	18	18
	(b) Flat foot	231	101	35	14
	(c) Other	187	516	61	28
14.	Nervous system				
	(a) Epilepsy	10	23	7	2
	(b) Other	124	111	92	19
15.	Psychological				
	(a) Development	10	18	72	104
	(b) Stability	17	57	35	12
16.	Other	137	78	790	161

B. Classification of the General Condition of Pupils Inspected during the Year in the Age Groups:

Age groups	Number of pupils inspected	A. (good)		B. (fair)		C. (poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	4,188	2,684	64.1	1,483	35.4	21	0.5
Second age group ..	3,904	2,641	67.6	1,256	32.2	7	0.2
Third age group ..	2,132	1,437	67.4	693	32.5	2	0.1
Additional periodic inspections ..	6,309	4,736	75.1	1,564	24.8	9	0.1
Total ..	16,533	11,498	69.6	4,996	30.2	39	0.2

TABLE III

Infestation with Vermin

i.	Total number of examinations in the schools by the school nurses or other authorised persons	148,453
ii.	Total number of individual pupils found to be infested	3,448
iii.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
iv.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

TABLE IV

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

Group I.—*Diseases of the Skin (excluding uncleanness, for which see Table III).*

					Number of cases treated or under treatment during the year	
					By the Authority	Otherwise
Ringworm— (i) Scalp	..	..	..	..	—	—
(ii) Body	..	..	..	..	—	—
Scabies	..	..	..	..	3	—
Impetigo	..	..	..	..	132	—
Other skin diseases	..	..	..	..	1,385	—
Total ..				..	1,520	—

Group II.—*Eye Diseases, Defective Vision and Squint*

	Number of cases dealt with	
	By the Authority	Otherwise
External and other (excluding errors of refraction and squint)	320	10
Errors of refraction (including squint)	543*	1,353
Total ..	863	1,363

Number of pupils for whom spectacles were		
(a) Prescribed	351*	1,136
(b) Obtained	227*	893
* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.		

Group III.—*Diseases and Defects of Ear, Nose and Throat*

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment:		
(a) for diseases of the ear	—	101
(b) for adenoids and chronic tonsilitis	—	1,005
(c) for other nose and throat conditions	—	210
Received other forms of treatment	340	—
Total ..	340	1,316

Group IV.—*Orthopaedic and Postural Defects*

(a) Number treated as in-patients in hospitals ..	22	
(b) Number treated otherwise, e.g. in clinics or out-patient departments	By the Authority	Otherwise
	140	—

Group V.—*Child Guidance Treatment*

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	107	—

Group VI.—*Speech Therapy*

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists ..	252	—

Group VII.—*Other Treatments given*

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	1,545	—
(b) Other:		
1. Other defects and diseases	1,078	—
2. Chiropody	259	—
Total ..	2,882	—

TABLE V

Dental Inspection and Treatment carried out by the Authority:

1.	Number of pupils inspected by the Authority's dental officers:						
	(a) At periodic inspections	..	..	..	..	21,135	
	(b) As specials	..	..	..	..	6,669	
	Total	..				27,804	
2.	Number found to require treatment	..	..	..		16,588	
3.	Number offered treatment..	..	..	..	..	13,840	
4.	Number actually treated	..	..	..	..	10,169	
5.	Attendances made by pupils for treatment	..	..			13,333	
6.	Half-days devoted to:						
	Periodic Inspection	..	..	..		229	
	Treatment	..	..	..		2,244	
	Total	..				2,473	
7.	Fillings:						
	Permanent teeth	..	..	..	..	2,708	
	Temporary teeth	..	..	..	..	15	
	Total	..				2,723	
8.	Number of teeth filled:						
	Permanent teeth	..	..			2,186	
	Temporary teeth	..	..			12	
	Total	..				2,198	
9.	Extractions:						
	Permanent teeth	..	..	..	..	5,254	
	Temporary teeth	..	..	..	..	12,833	
	Total	..				18,087	
10.	Administration of general anaesthetics for extraction	..				10,294	
11.	Other operations:						
	Permanent teeth	..	..	..		780	
	Temporary teeth	..	..	..		13	
	Total	..				793	

Medical Inspection Returns and Principal School Medical Officers' Reports for the year 1955.

M. 423/385 dated 2nd January, 1956:

Concerning the 4th paragraph, the Senior School Medical Officer, who deals with the ascertainment of all categories of Handicapped Pupils, has for several years selected a group of moderately deaf children who did not require ascertainment nor transfer to our Special Day School. This group and their parents were invited to attend the Central School

Clinic each Monday at 4.0 p.m. for a Lip Reading Class taken by a teacher from the Deaf School.

Two years ago another teacher left our Special School for Deaf Pupils to join the Bradford Royal Eye and Ear Hospital and was subsequently paid by the Regional Hospital Board. During 1955 this lady was used to provide a new service at the Hospital offering training to parents of young deaf children and to the children themselves, and also auditory training with instructions in lip reading to children who are hard of hearing. As the extensive tests spread over two or three visits and the systematic training could not be started too early, details of this new service were made known to our maternity and child welfare medical officers and health visitors.

Following the provision of individual hearing aids under the National Health Service Act, the local Eye and Ear Hospital employed two audiometricians; that demand is largely satisfied and one audiometrician left. Since 18th January, 1956, the remaining audiometrician was seconded to Bradford School Health Service for two mornings per week; he uses our Maico Amplivox Pure Tone Audiometer for screening five-year-old children at infant schools by quick sweep tests through the middle auditory frequencies. Of 796 five-year-old pupils so tested to date, 28 were found with some defects; these are mostly slight hearing losses affecting one ear only and often on one frequency only.

Section 6

Mental Welfare

ADMINISTRATION

WORK UNDERTAKEN IN THE COMMUNITY

Mental Welfare

(Section 51, National Health Service Act, 1946)

H. V. BURKE, D.P.A., A.C.C.S., *Mental Welfare Officer*

Administration

(a) Constitution and Meetings of Committee

The Service is administered by a Mental Health Sub-Committee of the Health Committee comprising twelve elected members of the Council and three co-opted members. Quarterly meetings are held.

(b) Staff Employed in the Mental Health Service

Medical Officer for Mental Health (vacant)
Mental Welfare Officer
Four Duly Authorised Officers
One Psychiatric Social Worker
One Mental Deficiency Social Worker
One Occupational Centre Supervisor
Seven Assistant Occupation Centre Supervisors
One Industrial Centre Instructor
Two Industrial Centre Assistant Instructors
Clerical Staff (two).

(c) Co-ordination with Regional Hospital Board and the Hospital Management Committee

Close co-operation with the local hospital management committees and kindred bodies has continued during the year. The question of obtaining the services of a Consultant Psychiatrist on a sessional basis has been taken up at Regional Hospital Board level and it is hoped that the services of such a consultant will result in the setting up of a clinic for the use of the Mental Health Service which would relieve the pressure on the psychiatric out-patient clinics at St. Luke's Hospital and Bradford Royal Infirmary. The provision of adequate "Section 20" accommodation is still a matter receiving consideration.

(d) Duties Delegated to Voluntary Associations

No duties are delegated to voluntary associations. Grants are made by the Council to the National Association for Mental Health and the local Marriage Guidance Council. Assistance in regard to accommodation has been given to the local branch of the National Spastics Society.

(e) Training of Mental Health Workers

Students of the "Diploma Course" for occupation centre supervisors promoted by the National Association for Mental Health have continued to attend our Occupation and Industrial Centres for practical training.

The National Association for Mental Health (Northern Branch) of which the Mental Welfare Officer is a committee member, organised in conjunction with the Department of Extra-Mural Studies of the University of Leeds, a study course for mental welfare officers, and approval was obtained for one of our duly authorised officers to attend. Unfortunately the Association were unable to arrange the course in the autumn of 1955 as originally planned, but it is to be held in 1956.

Work Undertaken in the Community, etc.

(a) Prevention, Care and After-Care

In the absence of qualified workers the promotion of an efficient service for the prevention of mental ill-health and for the care and after-care of persons suffering from mental illness in the community still presents a challenge to local authorities.

In his report for 1954 the Chief Medical Officer, Ministry of Health, states in the section on mental health:—

" . . . if mentally defective and old people could be discharged from mental hospitals when they are fit for suitable accommodation elsewhere, and if out-patients departments, day hospitals and other community services were able to give more effective care and treatment, the number of beds in mental hospitals would probably be sufficient for the population."

This may well be the case, but at the same time the question of providing effective care in the community for persons suffering from mental defect and mental illness is without doubt a problem which calls for the services of an efficient team of skilled social workers which it is found most difficult to recruit and which, in practice, can only

slowly be brought together. It is known, of course, that the Ministry of Health is considering the question of training and recruitment of social workers, and it is assumed and hoped that following the publication of the findings of the Working Party on Health Visitors, local authorities may well look for some guidance from the Minister in due course on the type of worker and the most effective training required to implement the provisions of Section 28 of the National Health Service Act, 1946.

During the course of the year some 452 after-care visits have been paid to persons suffering from mental illness in the community by duly authorised officers. Although this is considered inadequate, having regard to the need, it must also be appreciated that some 4,845 domiciliary visits were also paid in respect of notifications of persons of unsound mind, etc., reported under the Lunacy and Mental Treatment Acts for initial action.

At any rate it is patent that an adequate after-care service cannot be provided alone by officers mainly concerned in carrying out the statutory duties under the Lunacy and Mental Treatment Acts.

(b) Under the Lunacy and Mental Treatment Acts

There has again been a further increase in the number of patients dealt with under the Lunacy and Mental Treatment Acts during the year. The total number of admissions to hospital being 615 as against 560 last year.

Table 1 indicates the number of patients admitted to mental hospitals under the Lunacy and Mental Treatment Acts by the Mental Health Service during the year, and Table 2 gives a summary of all patients admitted to mental hospitals, both by the Mental Health Service and through the psychiatric out-patient clinics, and shows also the number of cases investigated by the Mental Health Service but not admitted to mental hospitals.

It is worthy of note that of 615 patients admitted to mental hospitals during the year no less than 192 had been in hospital previously. This is, in fact, the same number as in the previous year.

It is very gratifying to note that during the year almost a half of the patients admitted to hospital were admitted as voluntary patients and also that of some 174 patients admitted by way of Section 20 and 21 of the Lunacy Act, 1890, no less than 68 became voluntary patients before the end of the "observation" period.

TABLE 1

NUMBER OF PATIENTS ADMITTED TO MENTAL HOSPITALS FROM 1st JANUARY, 1955, TO 31st DECEMBER, 1955 UNDER
THE LUNACY AND MENTAL TREATMENT ACTS BY THE MENTAL HEALTH SERVICE

	Lunacy Act, 1890		Males	Females	Total	Over 70 years to age	Died prior to further action	Discharged prior to further action	Certified under Section 16 Lunacy Act 1890	Other Disposals	
										Section 1 M.T.A. (Voluntary)	Section 5 M.T.A. (Temporary)
Order of Duly Authorised Officers (3 days—Section 20) ..	46	72	118	42	5	33	33	46	1		
Section 11 (Urgency Orders) ..	—	—	—	—	—	—	—	—	—		
Section 21 (Justices 14 Day Order)	17	39	56	31	4	19	11	22	—		
Section 16 (Certification) ..	79	77	156	27	—	—	156	—	—		
	142	188	330	100	9	52	200	68	1		
Mental Treatment Act, 1930 ..											
Section 1 (Voluntary) ..	63	66	129	8	—	—	—	129	—		
Section 5 (Temporary) ..	1	4	5	—	—	—	—	—	5		
	64	70	134	8	—	—	—	129	5		
Total Lunacy and Mental Treatment Acts ..	206	258	464	108	9	52	200	197	6		

The psychiatric out-patient clinics at St. Luke's Hospital and the Bradford Royal Infirmary continued to hold weekly sessions and some 151 patients were admitted direct to mental hospitals for treatment from these clinics.

Efforts to reduce the bottle-neck in the female observation wards by the Hospital Management Committee in close co-operation with the geriatric service and the Welfare Department have met with some success and have resulted in an increase in the admission rate to 117 patients as against only 63 in the previous year. These efforts have indeed been greatly appreciated and undoubtedly have worked in favour of the patients' interests and welfare.

Table 2 Summary of all Cases dealt with in the City

By the Mental Health Service and admitted to mental hospitals	464
Cases investigated and treated as "abortive"	308
Admitted direct to mental hospitals through psychiatric clinics at St. Luke's Hospital and Bradford Royal Infirmary	151
Total	923
Number of persons re-admitted to mental hospitals having previously had in-patient treatment .. Males 85 Females 107 }	192
Visits by duly authorised officers to cases dealt with under the Lunacy and Mental Treatment Acts	4,845
Visits by duly authorised officers under the provisions of Care and After-care	452

(c) Under the Mental Deficiency Acts, 1913-1938

(i) Guardianship and Supervision

Table 3 indicates the number of defectives reported and dealt with during the year, and is in the form of the annual return required by the Ministry of Health.

During the year some 3,119 visits were made to the homes of mental defectives.

Of some 578 cases under some form of supervision by the Local Authority in the community, several during the year have called for intensive visitation during periods of stress. Details of some of these cases are quoted later in this report.

The employment situation has again been very favourable and only in a few cases has difficulty been encountered in placing suitable defectives in employment.

Case Histories

Typical examples of cases dealt with during the course of the year indicate the nature of work carried out in the field of community care of mental defectives and persons suffering from mental illness.

Mental Deficiency Case No. 1

This is the case of a feeble-minded epileptic girl who was notified by the family medical attendant in 1953, when she was 20 years of age. She was placed under Statutory Supervision and the case has presented considerable difficulty from time to time.

The defective formed an association with a young man whom she eventually married, and there is one child of the marriage. The husband was called up for National Service and it was found necessary to obtain his discharge from the Armed Forces owing to the girl's inability to take proper care of the baby. For some time the couple lived in various lodgings and a Corporation flat was eventually found for them. The girl's difficult temperament caused constant marital trouble which ended with the husband deserting her, and as the girl's parents refused to shelter her, and as she was threatening to harm herself, it was found necessary to admit her to an institution as in a "place of safety."

The husband, realising his wife required care and training, duly made representation for her to be detained in an institution, and the child was taken into the care of the Children's Department. The husband later withdrew his consent, the "place of safety" Order was withdrawn, and the girl returned home to her husband. The Order placing the child in the care of the Local Authority was revoked and frequent visits are still made to the home, both on behalf of the mother and the child.

Mental Deficiency Case No. 2

This is the case of a feeble-minded boy placed under Statutory Supervision upon leaving a special school. Although well able to earn his living, he has never stayed for any length of time in any job, and work has constantly been found for him. He married in 1952 and has four children under four years. He lives in a Corporation house and although help has been provided by the National Assistance Board and other voluntary societies on numerous occasions, he became seriously in arrears with his rent and lighting accounts, and was to be evicted from his home.

Arrangements were made whereby his rent should be collected by our Social Worker and payment made at the local rent office and Gas Board. This has been done weekly, and the rent arrears have been paid in full. In the meantime regular visits have been paid and help given with clothing, etc.

At the present time the defective has once again walked out of his work, and further efforts are to be made to find him suitable employment.

Mental Deficiency Case No. 3

This girl of feeble-minded grade was notified upon leaving a special school. She resided with her parents in a poor type of home and was unable to keep a job for any length of time. At the age of 19 years she became pregnant and the whereabouts of the father of the child were unknown. After the birth of the child the defective continued to reside with her parents, and, with the help of her mother, cared for her son. She improved somewhat in that she worked regularly and showed an interest in the child's welfare. Eventually she and her child went to live with a relative in another town, and she became acquainted with a man who wished to marry her, even though he was aware that she was a mental defective and had an illegitimate child.

They eventually married, but the defective did not settle down and she left her husband to reside once again in her mother's home. The husband has made repeated efforts through this Service to contact his wife and persuade her to return to him, especially as she was again expecting a baby. Supervision visits have been paid regularly and it now transpires that husband and wife are to live together once again, and that the husband will also care for the defective's illegitimate child.

Mental Illness Case No. 1

Following a short stay in mental hospital early in the year, this man, 35 years of age, returned home to circumstances which undoubtedly precipitated his breakdowns. He was discharged from the Army during the war years as a harmless person of unsound mind after only a short period of service. His wife has little sympathy with him and no appreciation for his condition, although it must be admitted that his sullen moods and his way of throwing up his jobs provides her with ample reason for her attitude.

Already with two children in care, and heavy arrears for their maintenance to pay, and three other young children at home, his inadequate

personality crumbles beneath his many responsibilities. He is continually at variance with his wife and he from time to time leaves her and the children, only to return again when he feels utterly lost and friendless in the world.

She herself is quite prepared to retaliate by going away and leaving him with the children to care for. On one such occasion during the year immediate action was taken to place the youngest child in care whilst assistance was given him with the other two. This assistance provided him with sufficient support to help him keep his job and at the same time he was persuaded to make payments to reduce the arrears due to the Local Authority. After a few weeks, however, his wife returned home to him again very contrite, but happiness and content in the home was fleeting, and he is again apart from his wife after only a few months. Unemployed, dejected, and withdrawn, efforts are again made to reinstate him in a job and build up his confidence and help him reach some measure of independent social adaptation. Although perhaps he may never be entirely independent, we believe he feels that at least he has someone to whom he may turn in times of stress.

Mental Illness Case No. 2

This patient has been known to us since March 1953, when we were informed by the mental hospital authority that he had been admitted as a voluntary patient. He stayed in hospital 7 weeks and left relieved.

Later his doctor advised re-admission to hospital as a voluntary patient again. This time he remained there for a period of 4 months and was again discharged relieved. Several months after his discharge, patient's wife complained that her husband was changing jobs very frequently, becoming morose and apathetic and lacking in confidence; was unable to meet people either at work or socially, and that his mental condition was gradually deteriorating. After several episodes which caused us to visit the patient, he was finally persuaded to settle down to work again, and in fact he has worked steadily since then at the same place of employment. The danger now is that he may lose his job because of lack of work at the firm, and one fears that this will precipitate another breakdown, but his wife is very co-operative and works part-time to help out. She is a good housewife and both are fond of the children. Close contact is being maintained with the patient to obviate any further setbacks.

(ii) *Occupation and Industrial Centres*

In spite of difficulties of accommodation, the number of children on the Occupation Centre register has been maintained at 120, and a high standard of training has continued throughout the year. There has been evidence of steady progress in self-help and independence on the part of the trainees and the happy co-operation of the staff has played no small part in maintaining the interest and happiness of the children.

Two open days were organised which were very successful and appreciated by the parents, as also was the Christmas party.

The very active Parent-Teachers' Association again provided a coach trip to the seaside, this time to Hornsea, which was very much enjoyed by the children. For those children who were unable to go on the trip, an afternoon party was provided at the Centre and a gift was presented to each child. All expenses were met from the funds of the Parent-Teachers' Association, which also provided Christmas gifts and helped considerably in providing the Christmas party.

Facilities for the practical training of students for the "Diploma Course" for Supervisors of Occupation Centres, promoted by the National Association for Mental Health, were again afforded during the year.

The work of the Industrial Centre trainees has been of particularly high standard during the year, and has been very varied in nature. Training is given in woodwork, rug making, weaving, leather work, basketry, stool making, lamp shade making and papier-mache work. Considerable repairs are also carried out for the Occupation Centre. The aim of the Centre is to keep the trainees usefully occupied and it is considered that this has been achieved to a very high degree.

(iii) *Evening Club*

The Evening Club continued to hold a weekly meeting for male adolescent defectives during the year.

(iv) *Ambulance Service*

Of the total of 464 patients removed to mental hospitals during the year, 445 were conveyed by ambulance and other transport of the Health Department.

TABLE 3—*Mental Deficiency Acts, 1913–1938*

		Under age 16		Aged 16 and over	
		M.	F.	M.	F.
1. <i>Particulars of cases reported during 1955:—</i>					
(a) Cases at 31st December, 1955, ascertained to be defectives "subject to be dealt with."					
Number in which action taken on reports by:—					
(1) Local Education Authorities on children					
(i) While at school or liable to attend school		—	2	—	—
(ii) On leaving special schools		3	1	11	3
(iii) On leaving ordinary schools		—	—	—	—
(2) Police or by Courts		2	—	2	1
(3) Other sources		3	6	2	4
(b) Cases reported who were found to be defectives but were not, at 31st December, 1955, regarded as "subject to be dealt with" on any ground ..					
		3	2	2	2
(c) Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, 1955, and are thus excluded from (a) or (b)					
		3	2	8	4
TOTAL ..		14	13	25	14
2. <i>Disposal of cases reported during 1955:—</i>					
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1 (a)), number—					
(i) Placed under Statutory Supervision ..		6	9	15	6
(ii) Placed under Guardianship.. ..		—	—	—	—
(iii) Taken to "places of safety".. ..		1	—	—	2
(iv) Admitted to Hospitals		1	—	—	—
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1 (b)), number—					
(i) Placed under Voluntary Supervision ..		3	2	2	—
(ii) Action unnecessary		—	—	—	2
TOTAL ..		11	11	17	10
3. <i>Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1955 and admitted to—</i>					
(a) National Health Service hospitals		10	6	2	3
(b) Elsewhere		—	—	—	—
TOTAL ..		10	6	2	3

TABLE 3—MENTAL DEFICIENCY ACTS, 1913–1938—continued

					Under age 16		Age 16 and over	
					M.	F.	M.	F.
4. Total cases on Authorities' Registers at 31/12/55:—								
(i)	Under Statutory Supervision	..	..	..	51	59	215	173
(ii)	Under Guardianship	..	..	..	—	—	1	2
(iii)	In "Places of Safety"	..	..	..	—	—	—	—
(iv)	In Hospitals..	..	..	..	34	15	209	156
(v)	Under Voluntary Supervision	..	..	..	3	2	48	24
TOTAL					88	76	473	355
5. Number of defectives under Guardianship on 31st December, 1955, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (included in 4 (ii))					—	—	—	—
6. Classification of defectives in the Community on 31/12/55 (according to need at that date)—								
(a) Cases included in 4 (i)–(iii) in need of hospital care and reported to the hospital authority—								
(1) In urgent need of hospital care—								
(i)	"Cot and chair" cases	..	..	..	—	6	1	1
(ii)	ambulant low grade cases	..	..	..	2	3	—	—
(iii)	medium grade cases	..	..	..	1	1	3	1
(iv)	high grade cases	..	..	..	—	—	2	—
Total urgent cases					3	10	6	2
(2) Not in urgent need of hospital care—								
(i)	"Cot and chair" cases	..	..	..	—	—	—	—
(ii)	ambulant low grade cases	..	..	..	—	—	—	—
(iii)	medium grade cases	..	..	..	2	—	1	—
(iv)	high grade cases	..	..	..	—	—	2	—
Total non-urgent cases					2	—	3	—
TOTAL					5	10	9	2
(b) Of the cases included in items 4 (i), (ii) and (v) number considered suitable for—								
(i)	occupation centre	..	..	..	44	49	1	21
(ii)	industrial centre	..	..	..	4	—	27	16
(iii)	home training	..	..	..	—	—	2	1
TOTAL					48	49	30	38
(c) Of the cases included in 6 (b), number receiving training on 31/12/55:—								
(i)	in occupation centre	..	..	..	42	48	1	21
(ii)	in industrial centre	..	..	..	4	—	27	—
(iii)	at home	..	..	..	—	—	2	1
TOTAL					46	48	30	22

Section 7

Prevention of Illness, Care and After-care

HOME NURSING EQUIPMENT
CONVALESCENT HOME TREATMENT
FREE MILK—TUBERCULOUS PERSONS
HOME NURSING
DOMESTIC HELP
HEALTH EDUCATION

Prevention of Illness, Care and After-Care

(Section 28, National Health Service Act, 1946)

S. HOWARD, M.B., CH.B.,

Senior Medical Officer for Care and After-care Services

Tuberculosis—see Section 2

Venereal Diseases—see Section 2

Home Nursing Equipment

The number of applications received during the year for the loan of home nursing equipment was again appreciably higher than the number received during the previous year.

The following table shows the number of applications received for the loan of equipment and the number of articles loaned during the last six years.

Year	Number of Applications	Number of articles loaned
1950	312	416
1951	825	1,223
1952	994	1,417
1953	1,017	1,620
1954	1,240	1,905
1955	1,385	2,178

In general, the various types of home nursing equipment, on their return, show that they have been treated carefully, and many expressions of appreciation of the Service have been received from relatives of the patients to whom the articles have been loaned.

A certificate is required on each application for loan of equipment, and the following table shows the sources from which the certificates were received during the year:

Source	Number
Doctors	1,079
Almoners	119
Midwives	91
Health Visitors	71
District Nurses	20
Pinderfields Hospital	4
Clinic Physiotherapist	1
Total	1,385

The following table shows the type and number of articles loaned during the year:

Type of Article	Number
Air Rings	501
Bed Cages	43
Bed Pans	546
Bed Rests	203
Bedsteads	28
Bed Tables	4
Commodes	22
Crutches	16 pairs
Diabetic Scales	3 pairs
Feeding Cups	13
Fracture Boards	10
Invalid Chairs	81
Mattresses	17
Pole and Chain	11
Rubber Sheets	521
Spinal Carriage	1
Sputum Mugs	1
Urinals	157

In addition to the above, the following bedding has been loaned during the year; mainly to cases of tuberculosis:

Type of Bedding	Number
Blankets	62 pairs
Sheets	4 pairs
Draw Sheets	45 pairs
Pillows	18

No charge is made for the loan of home nursing equipment, but applicants are required to sign an undertaking to return the articles in good condition and to pay for any articles which are lost or damaged whilst in their care, except damage due to ordinary wear.

Convalescent Home Treatment

Since July 1948, arrangements for the admission of certain patients to convalescent homes at a reduced cost, or free of charge, have continued from year to year. Each case is assessed in accordance with the Scale of Charges approved by the City Council.

The majority of these cases are admitted to the Semon Convalescents' Home, Ilkley. Persons admitted under this scheme are those who are recovering from an illness and require convalescent treatment so that they may be fit to return to work or to again undertake their household duties.

Some mothers with children up to five years of age were admitted to the Silver Jubilee Home, Heysham, at reduced cost, or free of charge. In many cases the children are admitted, free of charge, through the Victoria Convalescent Fund. A mother may take two children with her to the Home, but she is not allowed to take more than two, except under very special circumstances.

Several other patients, who were specially recommended by their doctor for convalescent treatment at the seaside, were sent to private convalescent homes.

During 1955, 72 persons applied for admission to convalescent homes at a reduced cost, or free of charge. Of these, 61 were actually admitted, and the remaining 11 cancelled their application for one reason or another.

Details of persons admitted to convalescent homes during the year are given in the following table:

Name of Home	No. of applications for admission received	No. of admissions
Silver Jubilee Home, Heysham	31	25
Semon Convalescents' Home, Ilkley	38	33
*Savoy Hotel, Cliftonville, Kent	1	1
United Friendly Societies' Convalescent Home, Grange-over-Sands	1	1
*Maitland House Guest House, Frinton-on-Sea	1	1

* These convalescent homes are solely for the admittance of patients suffering from tuberculosis, and the two patients admitted were recommended by the Bradford Chest Clinic.

The period of treatment in the convalescent homes is usually two weeks.

None of the persons admitted to these homes through the Care and After-care Department could afford to pay the full charge. They were assisted financially under the provisions of the National Health Service Act and paid part cost or made no contribution at all to the cost, depending upon their financial circumstances.

In addition to the above, 428 Bradford persons were recommended by doctors for admission to Semon Home and paid the full charge of £3 per week.

The total number of persons having convalescent home treatment in 1955 was 489, compared with the 578 in the previous year.

The number of persons admitted to convalescent homes through the Care and After-care Department decreased during 1955.

Many of the patients called at the office, or sent letters, expressing their appreciation of the Service.

Supply of Milk, Free of Charge, to Persons suffering from Tuberculosis

In January 1951, the duties in connection with the supply of milk, free of charge, to persons suffering from tuberculosis, were taken over from the Chest Clinic by the staff of the Care and After-care Service. Since that time the number of persons recommended for the supply of milk has continued to increase, as shown in the following table:

Year	Number of persons receiving free milk	
1951	..	8
1952	..	9
1953 (January)	..	18
(December)	..	74
1954 (January)	..	83
(December)	..	121
1955	..	163

Each case is recommended by the doctors at the Chest Clinic, and is supplied, free of charge, if the family income does not exceed that laid down in a scale approved by the City Council, less an allowance for rent and rates.

The amount of milk allowed in every case is two pints daily (14 pints each week). The milk is delivered daily to each patient from the Milk Depot. An order, usually covering 28 days' supply, is forwarded to the Depot in respect of each patient recommended, and this supply must cease at the end of 28 days unless a renewal order has been received from the Department, following a renewal of recommendation by the Chest Clinic.

At the end of the year 1,738 pints of milk were being supplied weekly to tuberculous persons, and the cost to the Committee was approximately £45 15s. each week.

Home Nursing

(Section 25, National Health Service Act, 1946)

The Home Nursing Service is provided on an agency basis by the Bradford District Nursing Council. It is supervised by the Superintendent, who is responsible to the Senior Medical Officer of the Care and After-care Services.

There is an establishment of 30 nurses, and 20 posts are filled. Staffing has been easier during the year, and there is a steady flow of students entering for Queen's District Training. Only state registered nurses are accepted for training. We maintained our two-third percentage of fully qualified Queen's District Nurses, and also our record of 100 per cent passes of students entering for the Queen's Roll Examination.

Statistics show a marked increase in the work generally, and the total numbers of new cases nursed, and of visits paid, are just double the number of those in 1948. Not one case has been refused nursing attention. Increases are particularly noted in visits paid to O.A.P.s, all types of injection cases, late night visits for special injections to very ill patients, and an exceptional increase in visits to patients in the outlying areas of the city.

An excellent co-operation is very prevalent with the general practitioners and good liaison with all the hospitals. Service is readily provided in all cases. Eight cars are now available to the service, an increase of four cars on last year, and in addition public transport services are still used by the nursing staff.

The Bradford District Nursing Council has improved the standard of the Central Home by decorations carried out in various staff rooms.

Refresher courses, approved by the Minister of Health, were attended by members of the staff.

All equipment is in excellent condition and includes barrier nursing equipment. The latter, combined with the high standard of district nursing techniques maintained, has again prevented any incidence of dermatitis amongst the nursing staff.

During the year 3,213 new cases were nursed, and to these cases 45,284 visits were made. This is an increase of 252 cases and 407 visits on the previous year.

During 1955, 1,740 visits were made to children; an increase of 175 on the previous year.

Domestic Help

(Section 29, National Health Service Act, 1946)

A limited service of domestic help for maternity cases was available in the city from 1929 until the National Health Service Act in 1948. This service was provided by a voluntary organisation—the Maternity Care Committee.

The present service has continued to expand from year to year, and now consists of a Domestic Helps Organiser, an Assessment Officer, and clerical staff working under the direction of the Senior Medical Officer for Care and After-care Services.

The number of domestic helps employed at the end of 1955 was as follows:

Full-time helps employed	73
Part-time helps employed	81
	154

(Equivalent to 97 full-time helps working 44 hours a week.)

The growth of the Service since 1948 is shown in the following table:

Date	No. of Helps Employed		Equivalent number of full-time helps	Average number of cases attended weekly
	Full-time	Part-time		
July 1948	6	12		
Dec. 1948	15	20		
Dec. 1949	25	24		43
Dec. 1950	30	39	(47, working a 48 hour week)	76
Dec. 1951	45	54	(67, working a 48 hour week)	136
Dec. 1952	45	69	(70, working a 44 hour week)	200
Dec. 1953	53	66	(73, working a 44 hour week)	195
Dec. 1954	62	73	(88, working a 44 hour week)	225
Dec. 1955	73	81	(97, working a 44 hour week)	314
				440

It is hoped to bring the equivalent number of full-time helps up to 115.

New applications for assistance during 1955 were 1,579, compared with 1,804 in 1954.

Cases requiring the services of a domestic help were referred as follows:

By Medical Practitioners	50
By Almoners	24
By N.A.B. and Welfare Dept. ..	13
By Ante-natal clinic	10
By Health Visitors	3
	100

The average number of hours worked at each case was 157, compared with 130 in 1954 and 112 in 1953.

The average number of hours worked each week by the total number of helps on duty was 4,345.

The following tables show further analyses of the applications; the number of cases where help was given, and the number of cases attended in respect of which no charge was made. Where a charge is made, it is decided by the Assessment Officer of the Service in accordance with the scale recommended by the Association of Municipal Corporations and adopted by the City Council. The amount collected from chargeable cases (720) in 1955 was £6,738; the average charge per case being £9 7s. 2d.

New applications were received in respect of:

	1951	1952	1953	1954	1955
General and chronic sickness cases	492	502	476	496	309
Old people	341	771	808	700	618
Tuberculosis cases	19	24	24	27	26
Blind persons	12	19	18	24	22
Maternity cases	414	368	452	557	604
Totals ..	1,278	1,684	1,778	1,804	1,579

Number of cases where help was given:

	1951	1952	1953	1954	1955
General and chronic sickness cases	386	343	432	378	251
Old people	298	567	522	466	495
Tuberculosis cases	17	20	18	19	20
Blind persons	11	19	16	28	10
Maternity cases	179	169	283	437	437
Totals ..	891	1,118	1,271	1,328	1,213

Number of cases attended in respect of which no charge was made:

	1951	1952	1953	1954	1955
General and chronic sickness cases	78	114	138	66	63
Old people	193	477	415	353	408
Tuberculosis cases	6	11	13	10	13
Blind persons	10	12	12	18	6
Maternity cases	5	7	9	—	3
Totals ..	292	621	587	447	493

The following is a summary of these analyses for 1955:

	General and chronic sickness	Old people	Tuberculosis cases	Blind persons	Maternity cases	Total
Number of new applications for help	309	618	26	22	604	1,579
Number of cancellations	58	123	6	12	167	366
Number of cases where help was given	251	495	20	10	437	1,213
Number of free cases attended	63	408	13	6	3	493
Number of chargeable cases attended	188	87	7	4	434	1,213
Number of cases carried forward from previous year	..	..	..	..	..	359

The number of maternity cases attended increased from 283 in 1953 to 437 in 1954, and the same number of cases was attended in 1955.

A very large number of women in Bradford, after the first child especially, are confined in their own homes. These maternity cases are given assistance straight away—often at the temporary expense of the general sickness cases and old people. During 1955, because the demand on the Service in respect of maternity cases was maintained; fewer cases of general sickness were attended. It was possible, however, to give help to slightly more of the old people than in 1954.

Health Education

V. P. McDONAGH, M.B., CH.B., D.P.H., *Deputy Medical Officer of Health*

As in previous years propaganda work on positive health was continued by members of the Health Department staff. Now that the social significance of infectious diseases, especially in young children, has almost disappeared, and the problem of gastro enteritis as a cause of death almost been eliminated, much more time and effort can be spent by the medical and health visiting staff at the child welfare clinics on other important aspects, both physical and mental, of child health. In this connection many talks and film shows have been given by the staff in the clinics throughout the city, and there is little doubt that this educational method is fully appreciated by the mothers who continue to attend in large numbers. Pamphlets and booklets on family welfare and the bringing up of children are available free of charge in the clinics. Closely allied to this educational work is the

continuance of the administration of known prophylactics of value. All the staff realise that it is of paramount importance that all children should be immunised against diphtheria and vaccinated against whooping cough, in the case of the former to ensure that the disease remains a continuous absentee from the city, and in the case of the latter because it is known that we have a useful prophylactic available to prevent this most distressing and dangerous of children's diseases. The whooping cough vaccination scheme carried out in conjunction with the Medical Research Council continued throughout the year, and is expected to continue into 1956.

The problem of accidents in the home, especially those affecting children and old people, is a very difficult one and there is little doubt that more information of the frequency and the causes of these accidents would be of assistance in drawing up recommendations for prevention. A booklet on accidents in the home summarising many of the common causes and recommending preventive measures is available in all clinics.

Although there were no large outbreaks of food poisoning in the city there were many cases of Salmonellosis which, while not being definitely attributable to any specific article of food, were clearly, from our previous epidemiological knowledge of these organisms, passed on by food of some kind or other. Our efforts, therefore, to impress on food workers the importance of their responsibility in preventing the spread of this disease among the population were continued. Nevertheless, the danger must be avoided of over-emphasizing the importance of the food handler and not laying enough stress on the proper lay-out of the manufacturing premises and the proper attention required to structure and equipment. All machinery in connection with manufacturing and confectionery should be easily cleaned and should be frequently cleaned and sterilised.

The lecturing functions of the different members of the staff, both at the Technical College and the McMillan Training College, were carried out as usual. The lectures at the McMillan Training College on health education are considered especially of great value as there is little doubt that one of the main hopes of successfully passing on modern up-to-date medical knowledge on health education problems to the younger generation must depend in large measure on a fully informed teaching profession.

Section 8

General Health Services

DISPOSAL OF THE DEAD BY CREMATION

WELFARE FOODS

BLIND AND PARTIALLY SIGHTED PERSONS

General Health Services**Disposal of the Dead by Cremation**

Since the Bradford Crematorium, situated at Scholemoor Cemetery, was opened in 1905, more than 26,800 bodies have been cremated there.

The following table shows the number of bodies cremated in the period 1949-1955:—

Year	No. cremated
1949	1,850
1950	2,139
1951	2,397
1952	2,296
1953	2,285
1954	2,425
1955	2,407

A considerable number of bodies of persons resident outside Bradford has always been cremated at the Bradford Crematorium because of the lack of crematoria in some adjacent areas. During 1955, of the 2,407 bodies cremated, 1,497 were those of persons resident in Bradford, and 910 of persons resident outside.

The crematorium opened in Shipley in July 1955, together with the projected crematorium in Halifax, will no doubt appreciably lessen the burden on Bradford in future.

Welfare Foods

It became the duty of all local health authorities, as part of the services provided under Section 22 of the National Health Service Act, 1946, to arrange for the distribution of government welfare foods (excluding liquid milk) when the Ministry of Food closed its office on 28th June, 1954.

A central distribution office and store was established in the Britannia House premises and large windows provide valuable space for health education displays. In addition foods are issued at 21 infant welfare clinics and 7 of the large industrial concerns distribute to their own employees.

The staff of the central office were mainly recruited from the former food office personnel and consist of:—

- 1 supervisor
- 1 clerk
- 3 female counterhands
- 1 porter/handyman.

Details of issues made during the year ended 31st December, 1955, are as follows:—

	Infant Welfare Clinics	Central Office	Total
National Dried Milk (tins) ..	30,824	133,436	164,260
Cod Liver Oil (6 oz. bottles)	7,898	28,187	36,085
Orange Juice (6 oz. bottles) ..	45,708	175,498	221,206
A. and D. capsules (packets of 45)	2,787	11,431	14,218

National Assistance Acts

Blind and Partially Sighted Persons Registered during 1955

We are indebted to Mr. J. W. Woodhead, Director of Welfare Services, for the following report:—

During the year ending 31st December, 1955, 69 people were registered as blind and 20 as partially sighted. Out of a total of 22 cases of glaucoma, 21 had already received treatment and 13 of these were advised to continue under hospital supervision.

In a total of 36 cataract cases, 8 people had received treatment and 28 no treatment. In a number of cases of cataract, retinal degeneration or detachment was also present. In 10 cases of cataract where treatment is recommended, 2 people will have operations in the near future, 2 have died during the year and the others are unfit or unwilling to have an operation. Two men who were registered as blind in 1954 had successful cataract operations and were de-certified in 1955. One of these men stated that he had paid 10/- per week for years to a so-called “doctor” to have his cataracts licked off.

Where there are two or more causes of blindness given the Department has taken the chief cause as the cause of blindness. In 17 out of 22 cases of glaucoma there was secondary cataract.

Seven people (2 males, 5 females) were suffering from diabetes.

The following table indicates the follow-up action taken in respect of registered blind and partially sighted persons during 1955:—

	Cataract	Cause of Disability Glaucoma	Retrolental Fibroplasia	Others
(i) Number of persons registered during the year, in respect of which Section F.1 of Form B.D.8 (revised) recommended:				
(a) No treatment ..	26 (23 blind) (3 partial)	9 (8 blind) (1 partial)	1	25 (18 blind) (7 partial)
(b) Treatment (medical, surgical or optical)	10 (6 blind) (4 partial)	13 (10 blind) (3 partial)	—	5 (3 blind) (2 partial)
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ..	3 (2 blind) (1 partial)	5 (4 blind) (1 partial)		4 (3 blind) (1 partial)

The case of retrolental fibroplasia is a boy born in 1951, but he was not registered as blind until January 1955.

Section 9

Ambulance Service

Ambulance Service

(Section 27, National Health Service Act, 1946)

W. R. BROWN, *Ambulance Officer*

The strength of the Ambulance Service at the end of 1955 was as follows:

<i>Staff</i>	<i>Vehicles</i>
Ambulance Officer	10 large ambulances
2 clerks	5 small ambulances
3 shift foremen	6 sitting case coaches
50 driver/attendants	3 sitting case cars
1 mechanic	
1 semi-skilled mechanic	
5 part-time female escorts (for mentally handicapped children)	

A summary of the work done by the Service during 1955, with figures for previous years, is shown in the following table:—

TABLE 1

Year	Cases	% increase on previous year	Mileage	Average miles per case
1948	24,059	—	157,451	6.54
1949	47,012	95	250,969	5.34
1950	69,691	48	284,758	4.08
1951	85,237	22	300,618	3.58
1952	93,128	9	309,779	3.35
1953	107,660	15	347,960	3.23
1954	110,774	3	364,874	3.29
1955	120,984	9	397,628	3.28

The number of cases dealt with in 1955 was 257 per cent greater than in 1949; the first full year of the National Health Service.

The following table gives details of the number of patients, journeys, mileage, etc., by type of vehicle:—

TABLE 2

<i>Patients</i>				Type of Vehicle			Total	
				Ambulance	Sitting Case Cars	Sitting Case Coaches		
(a)	Accidents ..	..	..	3,334	133	22	3,489	
(b)	Others ..	..	..	67,873	6,773	42,849	117,495	
Total				..	71,207	6,906	42,871	120,984
<i>Journeys</i>								
(a)	Patients ..	..	..	13,205	2,265	2,833	18,303	
(b)	Abortive and Service	..	..	384	335	34	753	
(c)	Analgesia ..	..	..	1,043	608	3	1,654	
Total				..	14,632	3,208	2,870	20,710
Mileage				..	273,671	67,582	56,375	397,628

The following table gives the approximate percentages (of total cases) of cases in certain categories:—

TABLE 3

Category						%
Out-patients	..	..	..	..	..	48
Mentally handicapped children ..	..	..	..	..	..	33
Admissions, discharges, transfers, etc. ..	..	..	..	..	..	16
Accidents	..	..	..	..	..	3
						100

The number of patients carried shows a 9 per cent increase over the previous year. This increase is almost wholly due to the continual extension of out-patient facilities at the various hospitals. The Geriatric and Chest Clinics, and the Electric Convulsive Therapy Department at St. Luke's Hospital are typical examples, and they have made new demands on the Ambulance Service. These three developments have contributed to the upward trend in the out-patient load. At the end of 1954 it seemed that the general demand was approaching peak level, but, with the new facilities provided and perhaps more to follow, it now appears that the peak is not yet in sight.

The out-patient section of the work always causes the greatest difficulty. It is inevitable that some of these patients are collected considerably earlier than the time at which they are due at the hospital; often they are not ready; occasionally they refuse to go; sometimes they are late. In view of the large numbers involved, it is difficult to see any solution of this problem. The out-patients on the whole, however, appreciate the position and accept minor inconveniences with good grace.

Careful co-ordination of journeys is being maintained so as to keep mileage down to a minimum. In this connection it is worthy of note that, despite the continual exodus of population from the central areas to the new housing estates in the outskirts of the city, the miles per case has been slightly reduced. Furthermore, although the Service has carried more than 10,000 additional patients compared with 1954, the number of staff and vehicles has remained unaltered.

The installation of radio telephone equipment in all Ambulance Service vehicles was completed and came into operation in the autumn. The main station was fixed high up on the northern boundary of the city and is operated by remote control from the Central Ambulance Station. Reception on the whole has been satisfactory throughout the city with few 'dead' places. In fact, in isolated instances, conversation has been possible over distances of 50/60 miles. The value of this method of communication is proved every day. Vehicles have been often diverted to more urgent cases; delays have been much reduced; "empty" running has been substantially curtailed. The system has contributed materially in enabling us to maintain the low figure of 3.28 miles per case, in the movement of more than 10,000 additional patients, and in improving the overall efficiency of the Service.

The situation is made more difficult from a transport point of view by the increasing tendency to centralise certain types of treatment at one hospital.

The movement of more and more orthopaedic cases to a hospital outside the city has necessitated additional mileage with a corresponding increase in the time occupied.

The number of accident cases dealt with shows a 10 per cent increase over the figures for the previous year and is a most disturbing feature in the work of the Service.

Maintenance and repair of vehicles continues to be carried out by our own staff on the premises.

**Inspection and Supervision
of Food and Food Premises**

FOOD PREMISES
MILK SUPPLY
ICE CREAM
FOOD AND DRUGS
PHARMACY AND POISONS
FERTILISERS AND FEEDING STUFFS
MEAT INSPECTION
OTHER FOODS

Inspection and Supervision of Food and Food Premises

F. H. MYERS, M.R.S.H., M.S.I.A., *Chief Sanitary Inspector*

In Bradford the inspection of food is carried out by inspectors who have specialised in different branches of the subject, and premises where food is handled, stored or sold are visited by inspectors who cover the obligations of the Local Authority under the Shops' Act, 1950, and at the same time enforce the provisions of Section 13 of the Food and Drugs Act, 1938, thus saving duplication of visiting.

Unfortunately, the work in this section has been seriously curtailed this year as the result of the prolonged illnesses of two members of the staff. In addition some figures are lower because, during the summer months, staff time was absorbed on food poisoning investigations, and such work as routine inspection of food handling premises could not be done for long periods. By the end of the year the staffing position had improved and the coming into force of the Food Hygiene Regulations, 1955, gives a welcome impetus to these most absorbing and interesting duties.

Food Premises

During the period June to December, 1955, no routine inspection of food premises was carried out owing to staff shortage and illness, and inspections during the first half of the year were confined in the main to food preparation premises, including bakehouses (with their attendant shops) and catering establishments. Inspections of other food shops were made during this period only on complaint or request. The total number of inspections numbered 403, and the emphasis of the visits was again laid on personal hygiene, washing facilities, repair, cleanliness, and the observance of the Food Handling Byelaws.

A steady improvement in the standard and conduct of the catering establishments was noted, and the conversion of many bakery ovens from coke to gas or electricity has been a significant factor in the improvement in general cleanliness. A further decrease in the small

number of bakeries requiring advice on the eradication of steam flies was noted.

A substantial increase in the number of confectioners' shops now equipped with permanent glass counter protection was noted, although some of these glass display cases have not always been used to the best advantage, foodstuffs being placed on top of, as well as underneath, the glass. Offenders have been warned by letter, and revisits have indicated that the warnings have been heeded.

The covered and open air markets have been periodically checked, and the satisfactory standard previously established has been maintained.

Milk Supply

The total amount of milk consumed daily in the city was about 23,000 gallons, which it is estimated comprised approximately 90 per cent processed milk and 10 per cent raw tuberculin tested milk.

Although some farms have disappeared as a result of housing development, there are still 180 producing milk within the city boundary. In addition, as a result of the expansion of the processing dairies during the last few years, a large quantity of milk is coming into the city from the surrounding country areas. As much of this supply is brought in churns from individual farms the sampling work has correspondingly increased.

Regular testing of these supplies has been carried out during the year for chemical analysis, bacteriological and biological examination.

No outbreaks of milk-borne disease occurred during the year.

Milk and Dairies' Regulations, 1949-1954

There were, at the end of the year, 1,255 persons registered for the sale of milk within the city. These may be classified as follows:—

Dairymen	..	..	..	..	202
Shops where milk sold in sealed bottles only	..	..	..	..	1,054

In addition to the above there were 109 producer retailers engaged in the sale of milk within the city.

Milk Special Designations

Licences authorising the use of special designations in relation to milk were issued as follows:—

MILK (SPECIAL DESIGNATION (RAW MILK)) REGULATIONS, 1949-1954

Dealer's Licence authorising the use of the special designation "Tuberculin Tested"	218
Supplementary Licence authorising the use of the special designation "Tuberculin Tested"	23

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-1953

Dealer's (Pasteuriser's) Licence authorising the use of the special designation "Pasteurised"	3
Dealer's (Steriliser's) Licence authorising the use of the special designation "Sterilised"	1
Dealer's Licence authorising the use of the special designation "Pasteurised"	208
Dealer's Licence authorising the use of the special designation "Sterilised"	1,190
Supplementary Licence authorising the use of the special designation "Pasteurised"	26
Supplementary Licence authorising the use of the special designation "Sterilised"	8

Milk Processing

There were during the year three dairies engaged in the heat treatment of milk; two by the pasteurisation and one by the sterilisation process. It is estimated that a total of 29,000 gallons of milk was treated in the city daily.

Tuberculosis in Milk

The examination of milk for infection with the tubercle bacillus has proceeded throughout the year, particular attention again being paid to the local farms.

Milk from 6.1 per cent of these farms was found to be so infected, a very similar figure to the 6.7 per cent of the previous year.

There were 180 dairy farms engaged in the production of milk in Bradford, and in addition milk from 44 farms outside the city boundary was sold here. A total of 588 samples from these milks was examined biologically at the Public Health Laboratory during the year. Of these samples, 11 were found to contain tubercle bacilli.

As a result of investigations arising from these reports it is known that seven tuberculous cows have been slaughtered. In three cases cows had left the herds after the samples had been taken before the result of the test was known. Check samples from the remainder of the cows were reported negative. In one case the farm was outside Bradford and subsequent action taken was not notified.

The following table shows the incidence of tuberculosis found in the different grades of milk during the past seven years:

Tuberculin Tested Herds—	1949	1950	1951	1952	1953	1954	1955
Samples taken	89	169	227	240	279	277	341
B. tuberculosis found ..	—	—	1	1	—	—	1
Ordinary Herds—							
Samples taken	159	278	268	267	267	251	247
B. tuberculosis found ..	4	17	13	5	10	12	10
Totals—							
Samples taken	425	680	715	707	726	599	588
B. tuberculosis found ..	8	31	27	13	22	14	11

Chemical Examination of Milk

One thousand and eighty-three samples were analysed. The results show that 28 of the samples gave an analysis under 3·0 per cent of fat while 173 of these samples gave an analysis under 8·5 per cent of non-fatty solids. The total below both 3·0 per cent of fat and 8·5 per cent of non-fatty solids was 15. In most cases the adulterations were small and warnings were issued. Legal proceedings were instituted in two cases, particulars of which are given in the Food and Drugs Section.

Table 1 gives comparative figures for the milks examined during the period 1933 to the present year.

Examination of Raw Milk

Samples of raw milks were taken regularly during the year for bacteriological examination. In the cases of unsatisfactory samples of farm milks, examination reports were notified to the Ministry of Agriculture, Fisheries and Food with a request that investigations be made at the farm with a view to improving the cleanliness of the milk.

Samples Taken	Methylene Blue Reductase Test	
	Pass	Fail
542	500	42

Examination of Heat-treated Milk

Samples of heat-treated milk were taken regularly and included milk processed at dairies both in Bradford and outside, the reports on which were generally satisfactory, as shown in the following table:—

Class of Milk			Number of Samples		Phosphatase Test		Methylene Blue Reductase Test		Turbidity Test	
					Pass	Fail	Pass	Fail	Pass	Fail
Tuberculin Tested										
Pasteurised	..	..	217	216		1	214*	—	—	—
Pasteurised	..	..	257	256		1	255*	—	—	—
Sterilised	..	..	56	—	—		—	—	56	—

* Five tests reported void.

TABLE I

CHEMICAL ANALYSIS OF MILK

FAT

SOLIDS NOT FAT

YEAR	Under 3.0%				3.0% to 3.5%				Over 3.5%				Under 8.5%				8.5% and over			
	No.		Per cent		No.		Per cent		No.		Per cent		No.		Per cent		No.		Per cent	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	Total	Total
1955	28	2.6	312	28.8	743	68.6	173	16.0	910	84.0	1083									
1954	23	2.4	189	19.5	759	78.1	168	17.3	803	82.7	971									
1953	33	4.2	190	24.0	567	71.8	196	24.8	594	75.2	790									
1952	21	2.5	168	19.5	668	78.0	196	22.9	661	77.1	857									
1951	14	1.9	198	27.2	515	70.9	151	20.8	576	79.2	727									
1950	10	1.3	188	25.6	539	73.1	95	12.9	642	87.1	737									
1949	8	1.7	190	40.5	271	57.8	58	12.4	411	87.6	469									
1948	8	1.4	235	41.7	320	56.9	131	23.3	432	76.7	563									
1947	6	1.0	248	41.1	349	57.9	157	26.0	446	74.0	603									
1946	11	1.9	221	38.8	337	59.3	111	19.5	458	80.5	569									
1945	24	3.4	346	48.3	347	48.3	119	16.6	598	83.4	717									
1944	23	3.0	247	32.1	489	64.9	54	7.0	705	93.0	759									
1943	21	3.2	220	33.0	417	63.8	88	13.2	570	86.8	658									
1942	18	2.7	181	27.2	460	70.1	92	13.8	567	86.2	659									
1941	10	1.5	171	25.6	486	72.9	59	8.9	608	91.1	667									
1940	13	1.9	213	31.9	452	66.2	27	4.0	651	96.0	678									
1939	15	2.1	237	33.2	476	64.7	7	0.9	721	99.1	728									
1938	27	4.2	268	41.4	352	54.4	21	3.3	626	96.7	647									
1937	29	3.4	343	39.8	489	56.8	10	1.2	851	98.8	861									
1936	15	2.8	213	39.6	310	57.6	1	0.2	537	99.8	538									
1935	21	2.3	276	30.7	602	67.0	1	0.1	898	99.9	899									
1934	33	3.5	348	37.3	552	59.2	9	1.0	924	99.0	933									
1933	38	4.0	413	44.0	489	52.0	8	0.9	932	99.1	940									

Ice Cream

During recent years ice cream has changed from being a seasonal delicacy to a regular article of diet throughout the year. In consequence much attention has been paid to the conditions under which it is manufactured and sold, as this product is a favourable medium for the growth of bacteria.

Many visits were made to ensure that ice cream premises and plant complied with the requirements of the Ice Cream (Heat Treatment) Regulations, 1947-52. During the year there has been a decline in the number of ice cream manufacturers within the city.

Steps were taken to prevent the contamination of ice cream sold from stalls and vehicles in the open air. As a protection against excessive sun and other weather conditions, all stalls and vehicles were suitably screened or covered and provided with service hatches. Provision was made for the washing of hands and the cleansing of ice cream utensils by the installation of hot water units.

Bacteriological Examination

One hundred and forty-three samples were submitted for examination during the year and they were graded as follows:—

Provisional Grade		No. of Samples
Grade I	.. ..	98
Grade II	.. ..	15
Grade III	.. ..	22
Grade IV	.. ..	8
		143

This follows the grading recommended by the Medical Research Council using the modified methylene blue test. If, out of the four grades, ice cream consistently fails to reach grades I and II, it is reasonable to regard this as indicating defects of manufacture or handling, which calls for further investigation.

Chemical Examination

Under the provisions of the Food Standards (Ice Cream) Order, 1953, the minimum standards for ice cream are 5 per cent fat, 10 per cent sugar and $7\frac{1}{2}$ per cent milk solids other than fat.

Twenty-six samples were submitted to the Public Analyst and all were reported to be satisfactory.

The average figures reported from analysis of these samples were:—

Fat	10.63 per cent
Sugar	13.55 per cent
Milk solids other than fat ..	10.14 per cent

The following table shows the percentage of the ingredients found on analysis.

FAT					
Under	5.0—	7.0—	9.0—	11.0—	13.0 and
5.0	6.9	8.9	10.9	12.9	over
—	3	4	5	10	4
MILK SOLIDS OTHER THAN FAT					
Under	7.5—	8.5—	9.5—	10.5—	11.5 and
7.5	8.4	9.4	10.4	11.4	over
—	5	4	5	6	6
SUGAR					
Under	10.0—	12.0—	14.0—	16.0 and	
10.0	11.9	13.9	15.9	over	
—	5	9	8	4	

Food and Drugs

The number of samples of food and drugs taken under the Act and submitted by the Sampling Officer for analysis was 1,438; of these 1,370 were certified as genuine and 68 adulterated or doubtful.

In the majority of cases the adulterations were small and the vendors were cautioned.

In three cases, however, it was considered that legal proceedings should be taken, particulars of which were as follows:—

- (a) A dairy farmer was summoned to answer four charges of selling milk containing added water. The Court imposed a fine of £5 on each of the four charges and ordered the payment of £10 10s. costs.
- (b) A dairy farmer was summoned to answer four charges of selling milk containing added water. The Court imposed a fine of £3 on each of the four charges and ordered the payment of £8 8s. costs.
- (c) A local firm was summoned to answer a charge of selling dressed crab which was not of the quality demanded, a sample having been reported to contain only 67.8 per cent crab meat and 17 per cent dry rusk. After a lengthy hearing the Court dismissed the summons but made no order as to costs, as it was considered that there was a case to answer.

A table showing the number of samples procured and examined during 1955 will be found in the Appendix.

Bacteriological Examination

Four hundred and fifty-six samples of food were submitted to the Public Health Laboratory for examination for pathogenic organisms. These were obtained during investigations into suspected cases of food poisoning and in the routine check of foods considered liable to convey such infections.

The results included the following:—

- (a) *Salmonella* Typhimurium was isolated from samples of flour, synthetic cream, cream confectionery, raw beef steak and a swab from a bakery dough mixer.
- (b) *Salmonella* Thompson was isolated from nine samples of dried egg albumen.
- (c) *Staphylococcus aureus* was isolated from two samples of imitation cream and from vanilla custard filling and vanilla slices.

As a result of these examinations quantities of flour, synthetic cream, cream confectionery and dried egg albumen were removed for destruction.

Extraneous Matter in Food

A number of complaints were investigated and related to both food manufactured in the city and in other areas. It is often found that people making such complaints are unwilling to appear in Court to assist in taking legal proceedings, and, of course, action in such instances is somewhat limited. Investigations at the manufacturers' premises in Bradford are always made following a complaint and in the case of outside manufacturers the matter is taken up by correspondence with the latter and also by advice to the Public Health Department of the area concerned. Strong warning letters were sent to manufacturers in the majority of cases.

In one case, however, legal proceedings were instituted. A bakery company was summoned to answer two charges arising from the sale of bread containing grease, as it was considered that insufficient preventive measures had been taken. The Court imposed a fine of £10 on each of the two charges and ordered the payment of £3 3s. Advocate's fee.

Merchandise Marks Act, 1926

Routine checks have been made to ensure compliance with the requirements of the various Marking Orders made under this Act. Where contraventions were noted cautions were issued and it has not been found necessary to institute legal proceedings.

Pharmacy and Poisons Act, 1933

The Act places duties on this Authority in relation to the control over the sale of poisons included in Part II of the Poisons List. This list includes certain poisons such as arsenical substances, mercuric substances, nicotine, phenols, nitrobenzine, ammonia, etc., used principally for agricultural, horticultural, industrial and sanitary purposes.

The number of applications for entry on the list of the Local Authority under the above Act was 591. The following table sets out the number of persons entered according to the respective trades. Each of the premises was inspected when applications were received.

Number	Horti- culture	Hardware Dealers	Herba- lists	Hair- dressers	Grocers/and General
591	10	76	6	9	490

Fertilisers and Feeding Stuffs Act, 1926

Sampling was carried out under this Act, various meals and fertilisers being submitted to the City Analyst.

A table showing the number of samples procured and examined will be found in the Appendix.

Meat Inspection

Considerable improvement has now been achieved with regard to cleanliness and structural condition in the public abattoir.

Parts of the lairage have been reconstructed and new floors and roofs have been put in. Improvements have been made in the supply of running water to the lairs, and additional feeding troughs and racks have been installed.

The floor of the sheep slaughterhall has been completely relayed and is now satisfactory. In addition the old offal hooks on the wooden

base have been replaced by new hooks suspended on metal brackets hanging away from the tiled walls. This largely eliminates the heavy blood splashing on the walls.

In the beast slaughterhalls the old and worn offal hooks have been replaced by new hooks on metal brackets, and in the old portion of the slaughterhall work has commenced on the re-laying of floors, the re-tiling of walls, replacement of offal cages, and on the provision of new rooms for de-fatting the intestines. This work will be completed in the midsummer of 1956. In addition the whole of the abattoir has been scraped and re-painted during the year.

In the pig slaughterhouse the offal hooks have been replaced and in the attached lairage new feeding troughs have been provided. The piggery has now been fitted out with electrical equipment for the slaughter of pigs, and since this was introduced the amount of "blood-splashed" pork has decreased enormously.

Sixty-nine cases of *Cysticercus bovis* were found in cattle during the year, and this figure represents a considerable increase in incidence. In all cases the parasites were localised to either the heart or the masseter muscles, or both, and no cases of generalised *cysticercus bovis* were found. All the affected organs and parts were condemned and the remainder of the carcase and offal was detained under supervision in the Corporation cold store at a temperature of less than 21°F for three weeks. In addition to the supervision of cold store treatment for cases found in Bradford, other cases, found in smaller authorities elsewhere, were received for treatment and supervision in the abattoir cold stores.

On the request of the Atomic Energy Establishment, Harwell, information and statistics on *cysticercus bovis* from the Bradford abattoir were sent to them to aid their researches on this parasite.

No cases of *cysticercus cellulosae* in pigs were discovered.

One hundred and thirty-two cattle were slaughtered under the Tuberculosis Order, 1938, on behalf of the Ministry of Agriculture, Fisheries and Food. Thirty-six of these animals were found to be affected with generalised tuberculosis and were condemned. The remaining 96 animals were mainly reactors from tuberculin tested herds and were, in most cases, found to be affected with slight lesions of tuberculosis, principally in the lymphatic glands of the head, and of the lungs. These were treated as localised cases and the carcasses were passed as fit for food.

One hundred and fifty-six pigs were slaughtered on special Swine Fever Movement Licence. These pigs were distant contacts of confirmed cases, and in all cases the pigs were found to be unaffected.

One case of suspected anthrax occurred in the beast lairage, but on microscopical examination it was proved not to be anthrax. The carcass and organs were disposed of to a knacker.

The abattoir laboratory has been in full use throughout the year and has proved of great value in the diagnosis and confirmation of disease lesions.

Research is being carried out into the occurrence of food poisoning organisms in food animals, and up to 50 specimens each week are taken at the abattoir and are sent to the Public Health Laboratory, Edmund Street, Bradford, for examination.

A large number of diseased and moribund specimens were collected during the year for demonstration purposes at Bradford Technical College, and further specimens have been preserved and added to the exhibition in the abattoir lecture room.

An increasing number of Grammar Schools in the city are asking for specimens to aid their studies in biology. Wherever possible, specimens are provided.

There are eight licensed private slaughterhouses in Bradford, one of which is not in use. The throughput of these slaughterhouses is small, with the exception of the City of Bradford Co-operative Society's abattoir and bacon factory. The slaughterhouses were visited regularly throughout the year and all animals killed in them were inspected before being removed for sale.

The butchers' shops and meat manufacturing premises in the city were inspected regularly throughout the year, and a high standard of cleanliness has been maintained in them.

Monthly visits of inspection have been made to the tripe manufacturers, gut scrapers, and hide and skin dealers within the city and the notices of works to be carried out in these premises were all complied with.

There were 124 licences issued for slaughtermen during the year 1955. Twenty-four of these licences were from new applicants. In these cases an interview at the abattoir was arranged, and a test of the applicant's capabilities was made before the application was put to the Council.

Other Foods

Supplies of fish, fruit and vegetables were regularly inspected throughout the year in the St. James's Wholesale Market, the wholesale fish warehouses and retail shops. Most of the fish, fruit and vegetables which are condemned are found to be unfit for food on arrival at the markets, railway stations and wholesale premises. This system of inspection at the centre of distribution lessens the risk of unsound foods being exposed for sale at retail shops. The number of visits made to food premises in the city for the condemnation of foods such as bacon, fats and tinned foods was 939.

By arrangement with the Corporation Cleansing Department such of the unsound foods as were fit for the purpose were converted into animal feeding stuffs, and the remainder were destroyed. Details regarding foods condemned will be found in the Appendix.

Environmental Hygiene

DISTRICT INSPECTION
COMMON LODGING HOUSES
HYGIENE in
 FACTORIES
 WORKPLACES
OUTWORKERS
RAG FLOCK AND OTHER FILLING MATERIALS
 ACT, 1951
SHOPS ACT, 1950
HEATING APPLIANCES (FIREGUARDS) ACT, 1952
RODENT CONTROL
SMOKE ABATEMENT
MEASUREMENT OF ATMOSPHERIC POLLUTION
HOUSING
BRADFORD CORPORATION ACT, 1949
DISINFECTION AND DISINFESTATION
WATER SUPPLY

Environmental Hygiene

F. H. MYERS, M.R.S.H., M.S.I.A., *Chief Sanitary Inspector*

The scheme adopted by the City Council and executed under the provisions of Section 47 of the Public Health Act, 1936, aimed at the abolition of all waste water closets (tipplers), which was commenced towards the end of 1953, has progressed steadily throughout the year, and by December 31st, 1,682 had been converted to water closets. The scheme has continued to operate below the original estimated cost.

There has been delay in carrying out the scheme to extend the water supply mains to the rural part of the City, but slum clearance has progressed and much of the preliminary legal procedure for two large areas has been settled. Public local inquiries have been held into the Council's plan to acquire the Picton Street and Listerhills areas as compulsory purchase areas, and both areas are now confirmed by the Minister with modifications.

District Inspection

The district sanitary inspectors work under the supervision of the two divisional inspectors and cover all the routine duties not allocated to specialist inspectors. They investigate all complaints, of which 4,091 were received during the year, and, where these visits result in the service of notices, it often requires several additional visits to enforce satisfactorily the abatement of the nuisance. Whenever there was failure to comply with notices served under the sections carrying default powers the work was executed by the City Engineer and Surveyor by direct labour and the costs recovered. Where necessary court proceedings were instituted in order to enforce abatement notices which could not be carried out in default.

During the year over 765 houses with waste water closets were dealt with. This involved preliminary survey, ascertainment of ownership—in itself often a lengthy process, service of notices, obtaining of tenders, letting of contracts and supervision of works in progress. On average

each job incurred 9 or 10 visits, and this scheme added considerably to the many pressing duties of the district sanitary inspectors.

During the year the district inspectors supervised 180 exhumations and ensured that re-interment was carried out expeditiously and without nuisance.

Common Lodging Houses

At the end of the year there were four common lodging houses in the city. These comprised 22 sleeping rooms and afforded nightly accommodation for 268 males and four couples.

The total number of persons accommodated during the year was 55,641. The nightly average was 151, representing 55 per cent of the accommodation available.

A fifth common lodging house, which ceased to function as from 1st April this year, comprised four sleeping rooms and afforded nightly accommodation for 12 males and four females. The number of persons accommodated during the three months was 1,043. The nightly average was nine, representing 56 per cent of the accommodation available.

The following table shows the number of nights spent by single men, women, young persons and couples in all five common lodging houses during the year:—

Males	Adults		Couples	8 to 21 years		Under 8 years	
	Females			Males	Females	Males	Females
56,432	252	—	—	—	—	—	—

The total number of inspections made during the year was 23. There have been no cases of infectious disease reported during the year in any common lodging house. No difficulties have been experienced in gaining admittance, and it has not been necessary to resort to police court proceedings.

Hygiene in Factories

At the year end the register which is kept by the Council in accordance with the requirements of Section 8 (3) of the Factories Act, 1937, showed an increase of 45 factories over the previous year. A total of 2,720 factories was entered in the register and this figure consists of 270 and 2,450 non-power and power factories respectively.

During the year 300 visits were made to non-power factories for the purpose of enforcing the requirements of the Act in respect of cleanliness, overcrowding, temperature, ventilation, drainage of floor and the

provision and maintenance of sanitary accommodation. Again it was not found to be necessary to take any action for overcrowding or ineffective drainage of floors.

In some of the workrooms where work does not involve any serious physical effort it was found that the workroom thermometer did not register the minimum temperature of 60 deg. F. as required after the first hour's work. This was not in every case due to the means of heating being ineffective but to the thermometers being badly sited.

In power factories the Council is responsible for enforcing the provision and maintenance of sanitary accommodation. During the year many approved schemes were carried out and some included the provision of drinking fountains and electric hand driers. Whilst the use of communal towels in industry should be prohibited, the electric hand drier is ideal where individual towels are not issued or paper ones provided. Many of the schemes and other alterations carried out were due to action taken by the Council.

Only in one case, where the conveniences were unsuitable, defective and not provided with effective means of lighting, was it necessary to institute legal proceedings. The firm was convicted on four charges and the Court imposed fines totalling £13 with £3 3s. costs.

A full report will be found in the Appendix giving in detail the work carried out, and also a copy of a report which is sent to the Director of Statistics, Ministry of Labour and National Service.

Hygiene in Workplaces

Routine inspection of workplaces was not possible on any appreciable scale during the year. The Council, under the Public Health Act, 1936, is the enforcing authority in regard to cleanliness, ventilation and overcrowding of workplaces and the provision and maintenance of sanitary conveniences.

No complaints were received concerning these matters but 138 visits were made for the purpose of inspection and the supervision of work being carried out in connection with new or alterations to existing sanitary conveniences. In three cases where the existing sanitary conveniences were either insufficient or not separate for the sexes immediate attention was given when the contraventions were brought to the notice of the managements concerned.

The standard of sanitary accommodation is improving greatly and the provision of washing facilities is accepted as being necessary. This

is gratifying, as the installation of the latter is, in the interests of personal hygiene, most desirable. At present, however, such facilities are not a statutory requirement.

In most cases paint was the choice of covering material for the internal surfaces of the new schemes. It was also noted that in offices delicate shades of paint were being used to advantage.

A summary of the work executed in connection with workplaces will be found in the appendix alongside those for factories.

Outworkers

The register of outworkers was kept up to date, and as the lists of outworkers sent to this Authority included 352 persons whose places of employment were outside the city, it was necessary to supply to 112 authorities the names and addresses of persons residing in their areas in accordance with the requirements of the Factories Act, 1937, Section 110 (2).

The total number of outworkers notified was 883 and this figure was made up of the following classes: textile (burling) 57·2 per cent, wearing apparel 40·3 per cent, furniture and upholstery 0·9 per cent, household linens 0·7 per cent, curtains and furniture hangings 0·6 per cent, brush making 0·2 per cent and umbrellas 0·1 per cent.

A copy of the particulars required to be sent to the Director of Statistics, Ministry of Labour and National Service, will be found in the appendix.

Rag Flock and Other Filling Materials Act, 1951

During the year 16 formal samples of filling material were taken and submitted to the prescribed analyst in accordance with the requirements of the Act. The samples, which consisted of rag flock, cotton mill puffs, cotton felt, hair and coir fibre, were found to satisfy the statutory standards of cleanliness and no further action was necessary.

Twenty-four visits were made for the purpose of enforcing the provisions of the Act and Regulations made thereunder.

Legal proceedings were taken, however, in connection with the unsatisfactory sample referred to in the Annual Report for the previous year. The material, which consisted of cotton mill puffs, was not covered with a warranty, and as the case was proved a fine of £5 5s. with £2 2s. costs was imposed by the Court.

Three registered premises were removed from the register during the year owing to change of use, and two applications were received for registration. At the year end there was one licensed and 28 registered premises in the city. The licence in respect of premises used for the manufacture of rag flock was again renewed on application.

Administration of the Shops Act, 1950

The total number of shops on the register at the end of the year was 7,012. Food was sold in 4,148 of these premises.

Staff shortages during the year made it necessary to confine routine visits under the Shops Act, 1950, to food shops already subject to inspection under Section 13 of the Food and Drugs Act, 1938, although additional visits to non-food shops were made on complaint or request. Some breaches of the Act were found, and in each case verbal or written warning was given.

Observations were kept during the year to check compliance with the Sunday Trading provisions of the Act, and the Weekly Half Holiday Orders and Closing Orders made under the Act. Four shops were found to be open for the serving of non-exempted articles on a Sunday, and in three cases Mixed Trades notices were not displayed as required by Shops Regulations; written warnings were sent in each case. Five shopkeepers were warned in writing for remaining open for the serving of customers with non-exempted articles on the Weekly Half Holiday, and six shopkeepers were similarly warned for failing to display the necessary Mixed Trades notices on the Weekly Half Holiday.

It was found necessary to take legal proceedings in two instances for contraventions of the Shops Act, 1950. A fine of £8 was imposed on a shopkeeper for a breach of the Sunday Trading provisions of the Act, and a fine of £1 was imposed on another firm for failure to maintain a reasonable temperature in its shop in contravention of Section 38 of the Act.

Heating Appliances (Fireguards) Act, 1952

During the year seven visits were made to shops under the provisions of the Heating Appliances (Fireguards) Act, 1952, and tests prescribed by the Regulations made under this Act were applied to eight appliances.

One electric fire failed to pass the tests, and legal proceedings were taken against the shopkeeper for exposing this appliance for sale. A fine of £5, with £2 2s. costs, was imposed.

Rodent Control

Surface Infestations

During the year 1,487 premises were inspected and 996 infestations dealt with, 520 being rat infestations and 476 mice infestations. Seven hundred and seventy-three were notified by occupiers and 223 discovered by inspection of premises. This work involved the laying of 7,689 baiting points where 1,150 lbs. of poisoned bait were used. One hundred and sixty-nine bodies were recovered. One hundred and ninety-one premises were rat proofed.

Details of the various premises infested and dealt with are as follows:

	Rats	Mice
Business Premises	87	134
Canteens	17	31
Cafes	9	6
Food Shops	39	61
Smallholdings	3	—
Private Dwellings	300	175
Schools and Canteens	19	33
Markets and Abattoir	26	19
Tips	6	—
Other L.A. Properties	14	17
	520	476

Disinfestation of Sewers

A 10 per cent test baiting commenced in April 1955 when 204 manholes were test baited. Of these 19 proved to be infested and 185 were clear of rats. Following this, a poison treatment was carried out and 3,868 manholes were baited; 3,502 proved to be clear and 366 were poisoned. Approximately six months later a second treatment followed on the infested areas and a further 1,273 manholes were baited, 173 manholes being treated with poison, the remaining 1,100 manholes proving to be clear of rats.

Total number of manholes baited ..	5,345
Total number of manholes poisoned ..	539
Total number of manholes clear ..	4,787

Post-mortem examinations have been performed on numbers of rats and mice killed in the city during the year as a routine check on the bowel organisms which may be carried by these dangerous reservoirs of infection.

Smoke Abatement

During the year 60 complaints were received in connection with smoke emissions, 6 in connection with grit emissions and 2 in connection

with soot emissions. Following investigations 13 informal and 8 formal notices were served on the offending persons. Many of the smoke complaints were of a minor or sporadic nature, and a visit to the respective premises by the Smoke Inspector was sufficient to effect an improvement.

There were 155 routine observations made of industrial chimneys and on 13 occasions black smoke was emitted. A notice was served in all cases when the emission of black smoke exceeded the prescribed period of 2 minutes in any continuous period of 30 minutes.

On seven occasions the Smoke Inspector was able to demonstrate an improved method of hand firing to increase boiler efficiency and reduce smoke to a minimum. In other cases advice has been given to management and personnel regarding the operation and maintenance of boiler plant to ensure the efficient utilization of fuel. On 2 occasions smoke nuisances were abated by recommending the use of coke in lieu of coal. In each case the particular boiler was designed to burn coke, and very good results were obtained after the change of fuel.

During the year 158 first visits and 102 revisits were made in connection with atmospheric pollution. The practice of informing management and boiler operatives of the permitted maximum emission of black smoke has been continued, and in every case of a first visit to premises a copy of the Smoke Byelaw has been given to a person of responsibility. This personal contact has proved to be a great time-saving factor by encouraging the boiler operatives to become more smoke conscious and, arising from this procedure, numerous improvements have been effected on an informal basis.

The new City of Bradford (Smokeless Zones) Order, 1954, made by the City Council under the provisions of the Bradford Corporation Act, 1949, came into operation on the 1st April, 1955. The introduction of the Order consolidated years of co-operation between the City Council and the tenants of 5,000 post-war houses by declaring as smokeless zones 19 areas in which the tenancy of each post-war municipally built dwelling had been granted subject to the condition that only smokeless fuel be used by the tenant. In addition to the municipal housing estates an area of 59.21 acres in the centre of the city has been declared a smokeless zone. In all, the 20 smokeless zones comprise 1,500 acres, an area equivalent to 6 per cent of the total acreage of the City.

Much attention has been given to the establishing of the Central Area Smokeless Zone, which is comprised chiefly of commercial premises. It was estimated that at the outset of the work 1,670 fireplaces could be used for the burning of bituminous coal of which 590 were in regular

use. The use of these fireplaces has now either been discontinued or suitable appliances installed for the burning of a smokeless fuel. It is pleasing to note that the work has been undertaken on an informal basis and it has not been found necessary to institute legal proceedings against any offenders. There were 837 visits made to premises within the smokeless zones.

Set out below is a list of units which have been installed in the Central Area Smokeless Zone.

Type of Unit	Number Installed
New central heating systems	3
Extensions or improvements to existing central heating systems	11
New central heating boilers	4
Gas-fired central heating boilers	3
Oil burners	7
Heating stoves	22
Continuous burning fires	152
Electric fires	77
Electric heaters	64
Gas fires	90
Gas heaters	16
Paraffin heaters	7
Large gas pokers	40
Small gas pokers	121
Gas ignition points	133
Coke auto-burners	2
Electric bulk hot water supply system	1
Mechanical stokers	2

During the year a rapid survey was made of 5 of the housing estates which have been declared smokeless zones. The tenants of 216 houses were interviewed and much valuable information was obtained. Taking an average throughout the year, it was found that 71 per cent of the tenants use two bags (2 cwts.) of coke per week, 69 per cent do the same amount or less household washing, 70 per cent do the same or less household cleaning than when living outside the zone. Many of the tenants had not previously enjoyed a built-in system of hot water supply, and it was not a surprise, therefore, to learn that this facility was much appreciated. There were 59 per cent of the tenants who were of the opinion that a coke fire required the same or less attention than a coal fire. In all cases it had not been necessary to employ a chimney sweep. There were 80 per cent of the tenants who were of the opinion that coke was cleaner than coal and 17 per cent who thought that coke and coal were comparable. Good supplies of coke had been maintained in all cases. So far as health benefits were concerned, 73 per cent of the tenants thought that the family's health had been better and 20 per cent thought it was the same by reason of living in a new house and

using coke. Some criticisms were received regarding the use of coke, but the survey proved that the majority of tenants approve of coke as a domestic fuel.

The tempo of the smoke abatement campaign has greatly increased in recent years and it is felt that although the situation was improved by the appointment of a full-time Smoke Inspector in 1954, additional staff will be required in the near future to cope with the extra work which is envisaged by the passing of the Clean Air Bill.

Measurement of Atmospheric Pollution

The standard deposit gauges and the lead peroxide instruments were maintained at the 5 established stations. The volumetric apparatus for measuring the mean daily concentration of sulphur dioxide and smoke in the atmosphere, which is fixed in the Town Hall, was in operation throughout the year, including Sundays and statutory holidays.

Deposit Gauges

The monthly reports received from the City Analyst show that the annual deposit was less than in the previous year. The approximate decreases were: total solids 41 per cent, tarry matter 49 per cent, carbon 53 per cent, ash 52 per cent, sulphate 22 per cent, chlorine 42 per cent. On comparing these figures with those for the past four years it was found that they showed a marked decrease in the amount of deposit matter. Although the figure for sulphate is lower than last year it is near the average for the previous three years. This would suggest that the amount of fuel used is not varying a great deal from year to year, due to the fact that the amount of sulphur emitted is directly proportional to the amount of fuel burnt. With the decrease of the other constituents of the deposited matter, it would suggest that the fuel is being used more efficiently with the subsequent utilization of the combustible matter on the firegrates rather than being emitted into the atmosphere. It is hoped that the decrease will continue at a steady rate from year to year, but experience has proved that the weather has a very marked influence on the results of investigation of atmospheric pollution.

From the figures supplied by the Lister Park Weather Station, it was noted that the daily average of bright sunshine for the year was 4 hours. This figure is 1 hour 6 minutes better than the figure for 1954 and the highest for the past five years.

Lead Peroxide Instruments

Analysis of the samples collected at the five stations are given below in milligrams of SO₂ per day per 100 square centimetres of lead peroxide for the twelve months period:—

1955		Britannia House	Heaton Reservoir	Bierley Hospital	Chellow Heights	Ambulance Station
January	..	4.61	3.74	2.25	3.35	1.85
February	..	3.48	2.43	1.92	2.77	1.84
March..	..	3.74	2.14	1.96	1.36	1.53
April ..	..	2.48	1.58	1.18	1.36	1.08
May ..	..	2.12	1.36	0.83	1.01	0.90
June ..	..	2.00	0.90	0.86	1.02	0.94
July ..	..	1.39	0.52	0.68	0.73	0.60
August	..	1.39	0.81	0.64	0.80	0.52
September	..	2.18	1.36	1.30	1.60	1.01
October	..	2.97	1.60	1.28	1.66	1.06
November	..	4.13	2.70	1.93	2.55	1.46
December	..	2.68	2.95	2.32	2.41	1.64

Measurement of Sulphur Dioxide and Smoke by the Volumetric Apparatus

The apparatus for measuring the daily concentration of sulphur dioxide and smoke has been in operation continually for the last four years.

The figures below show the highest, the average and the lowest daily mean concentration of sulphur dioxide and smoke for each month of the year. They also show the percentage of days of each month when the sulphur dioxide was (1) below 0.1, (2) between 0.1 and 0.2, and (3) above 0.2 parts per million.

Month	Smoke expressed as milligrammes per 100 cubic metres			Sulphur dioxide expressed as parts per 100 million parts of air			Percentage of days (SO ₂ expressed as parts per million of air)		
	High- est Value	Aver- age Value	Low- est Value	High- est Value	Aver- age Value	Low- est Value	Above 0.2	Bet- ween 0.1 0.2	Below 0.1
January	142.68	57.50	21.67	45.05	18.17	7.31	29.00	55.00	16.00
February	81.51	50.49	21.14	21.49	14.44	7.91	3.57	85.72	10.71
March ..	109.74	52.17	7.22	32.44	14.95	5.33	19.30	67.80	12.90
April ..	66.69	28.85	3.61	20.38	9.92	1.97	3.70	33.30	63.00
May ..	48.86	24.51	7.60	10.47	3.15	3.68	Nil	3.23	96.77
June ..	30.82	20.67	7.50	9.36	5.66	3.41	Nil	Nil	100.00
July ..	46.24	23.81	7.50	9.70	5.56	2.05	Nil	Nil	100.00
August ..	45.63	19.81	3.70	13.07	5.59	1.00	Nil	1.00	94.00
September	96.33	32.96	15.01	20.46	8.34	2.82	3.30	23.30	73.40
October ..	100.30	38.16	15.01	25.70	10.58	4.48	9.60	29.20	61.20
November	118.76	56.51	15.59	43.99	18.57	4.91	34.50	51.70	13.80
December	127.50	54.15	16.05	39.55	18.48	4.29	37.03	44.44	18.53

Housing

The tempo of the work of the department under this heading has speeded up during the year following the resumption of slum clearance procedure and the necessity for preparation of the proposals for dealing, in one way or another, with all houses in the city which are unfit for human habitation and liable to demolition.

These proposals were formulated and submitted to the Ministry for approval and involve, as envisaged at present, the demolition of 11,148 houses in the next twenty years: 8,148 in proposed clearance areas and 3,000 as individually unfit houses. In the first five years it is hoped to deal with 3,063 houses by slum clearance procedure and 750 by individual demolition orders.

Slum Clearance

Progress has been made in this work during the year, despite the lack of qualified inspectors and without waiting for Ministry approval of the long-term proposals. Two public inquiries have been held, first into the Picton Street Compulsory Purchase Order, which includes three clearance areas and comprises a total of 245 houses, and confirmation of this Order, with only slight modifications, was received from the Ministry in November; second, into the Listerhills Compulsory Purchase Order, one clearance area, comprising 190 houses, confirmation of which had not been received at the year end. Five further clearance areas, comprising a total of 391 houses in the Lower Manchester Road district, were represented to the Health Committee before the end of the year.

Individually unfit houses beyond repair at reasonable cost

In this category a total of 238 houses were represented to the Health Committee during the year, resulting in the following action: 150 demolition orders were made, 71 closing orders made under the provisions of the Bradford Corporation Gas and Improvement Act, 1871, and 8 closing orders made under the powers extended by Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953, in cases where it was found to be inexpedient to make demolition orders due to the effect on adjoining properties. Of the remaining 9 houses represented, undertakings not to use the houses for human habitation were accepted by the Council, and carried out by the owners in respect of 7 houses and 2 houses were rendered fit by the owners. One hundred and twenty-four houses subject to demolition orders were demolished during the year.

Rehousing Work

An increase is noted in the work involved under this heading, and during the year well over a thousand more visits were paid by the housing inspectors than in 1954.

These visits include inspections made of the effects of all persons qualifying under the points scheme for the tenancies of Corporation houses, rehousing of displaced tenants, transfers and exchanges, and visits of inspection to all vacant Corporation houses.

In all cases where verminous houses were found, disinfection was carried out prior to removal of the tenants to the new address, and of all such vacant Corporation houses prior to re-letting.

In this connection the total number of visits paid was 4,417, of which 1,684 were abortive, due mainly to applicants being out at work or absent from home for other reasons, thus involving repeat visits by appointment. Actual inspections, therefore, totalled 2,733. Three hundred and ninety houses were found to be verminous, or the presence of vermin suspected, from which 160 applicants were subsequently rehoused.

Included in these figures are 508 houses which were inspected because of applications for transfers or exchange of Corporation houses, and in only 15 of these houses were verminous conditions found and dealt with. Three hundred and seventy-seven visits were paid to vacant Corporation houses, of which 67 were found to be either verminous or to warrant disinfection on grounds of suspicion.

Seventy-seven visits were paid to applicants supported by the Medical Officer of Health for rehousing in cases of urgent necessity on medical grounds, and in 5 of these cases disinfection was found to be necessary prior to rehousing.

Points System—Medical Cases

In the points system adopted by the Council for the allocation of Corporation dwellings, provision is made for priority to be given in cases of urgent necessity on medical grounds.

No less than 1,105 claims for such priority were investigated during the year and in 151 cases special recommendations were made. Thus 13·66 per cent of the cases investigated were supported, which represents 10·92 per cent of the total of 1,382 lettings made during the year.

Of the cases supported on medical grounds 31·78 per cent were in respect of patients suffering from tuberculosis.

In addition to the foregoing, 277 applications were received for transfer from one Corporation house to another on medical grounds. After investigation, 124 (or 44.76 per cent) of these applications were supported.

Bradford Corporation Act, 1949

Establishments for Massage or Special Treatment

During the course of the year the Health Committee refused one application for a licence to practise chiropody, in accordance with the policy, followed since the inception of the Act, of refusing all such applications where the qualifications of the applicants are doubtful.

One application was withdrawn, six licensed persons ceased to practise, and two transfers of licences to new establishments were approved during the year.

At the annual meeting in October, 80 applications for renewal of licences were considered and granted by the Committee.

No appeal to court has so far been made by any person against the decisions of the Committee to refuse applications for licences and it has not yet been found necessary to institute legal proceedings against anyone for breaches of the Act or the byelaws made thereunder.

With regard to the "Registered Members", being members of the Chartered Society of Physiotherapists, and as such exempt from licensing, one person has ceased to practise in the city during the year, and the necessary certificates in respect of the remaining two persons, signed by two medical practitioners practising or residing in the city, have been lodged with the Corporation as provided by the Act.

Hairdressers and Barbers

Section 28 of the Bradford Corporation Act, 1949, requires that every person carrying on the trade or business of a hairdresser or barber shall be registered with the Corporation, and the Council have made byelaws under this section for securing cleanliness of premises and of the instruments, towels and equipment used therein.

At the end of the year there were 420 such premises on the register, and during the year 17 visits were made to them. Generally speaking, the majority of the proprietors endeavoured to maintain a good standard of hygiene. Several contraventions of the byelaws were observed during these visits, mostly of a minor character. Occupiers were warned, either verbally or by letter, and upon reinspection conditions were found to be satisfactory.

Disinfection and Disinfestation

The tables given below summarise the work carried out at and from the disinfecting station during the year. The figures for disinfection show a considerable decrease from those of the previous year, due mainly to the discontinuance of terminal disinfection, except when requested, in cases of scarlet fever. Those for disinfestations show an increase, occasioned by the general stepping up of rehousing work as more Corporation houses become available, whilst there was a slight decrease in the number of dirty and verminous persons and articles dealt with. For comparison last year's figures are shown in brackets.

Disinfection

Number of premises disinfected..	..	..	351 (616)
Number of rooms disinfected ..	..	..	393 (626)
Number of articles disinfected ..	..	..	283 (453)
Number of library books destroyed	..	..	231 (403)

Disinfestation

Number of premises disinfested	..	..	461 (404)
Number of rooms disinfested ..	..	..	1,378 (981)
Number of articles disinfested ..	..	..	2,955 (2,491)

Cleansing of Verminous Persons and Articles

(1) *Scabies*

New Cases			Number of Treatments Given
Pre-school children	..	5 (2)	11 (5)
School children	..	13 (12)	37 (35)
Adults	..	14 (6)	42 (15)

(2) *Head and Body Lice, Fleas, etc.*

New Cases			Number of Treatments Given
Pre-school children	..	14 (61)	24 (111)
School children	..	313 (484)	998 (1,264)
Adults	..	46 (91)	79 (192)
Number of articles disinfested	..	..	197 (406)
Number of baths given	..	..	91 (203)
Number of operations of steam disinfecting machines	..	..	174 (176)

Water Supply

The following report on Bradford's water supply has been prepared with the assistance of Mr. G. F. Renton, B.Sc., M.I.C.E., M.I.W.E., Waterworks Engineer.

(i) Quality and Quantity

The water supply to the area of the city supplied by the Corporation has been satisfactory both in quality and quantity.

(ii) *Bacteriological Examination*

Bacteriological examinations have been made on 1,155 samples taken throughout the area of supply and at the treatment plants. Of this number, 840 were samples of treated water and 90·5 per cent of these were free from bact. coli.

(iii) *Chemical Analysis*

The following is a typical chemical analysis:

	Parts per million
Total solids	120
Chloride	10
Total hardness	40
Lead, copper, zinc	Nil
Iron	Nil
Free ammonia	0·01
Albuminoid ammonia	0·08
Nitrous nitrogen	Nil
Nitric nitrogen	0·11
Free chlorine.. ..	Nil
pH	7·2

This water is of good organic purity.

(Signed) F. W. M. JAFFE,

Public Analyst.

(iv) *Plumbo Solvency*

The following table shows the reservoirs, sources and places of treatment, at different levels, of the water supply of the city.

Reservoir	Source	Treatment	Level
Brayshaw	Worth Valley	Thornton Pressure Filters and Thornton Moor	High
Horton Bank	do.	do.	do.
Stubden	do.	Thornton Pressure Filters	do.
Thornton Moor	do.	Thornton Moor	do.
Chellow Heights	Nidd Valley	Chellow Heights	Intermediate
Heaton	Barden	Gilstead	Low
Gilstead	do.	do.	do.

During the year 386 samples of water were analysed for plumbo solvency.

The average pH values of the water were as follows:

Level	Reservoir	No. of samples	Average pH
High	Brayshaw	24 samples, first draw	6.9
		24 samples, after running to waste	6.9
do.	Horton Bank	25 samples, first draw	6.9
		25 samples, after running to waste	6.9
do.	Stubden	21 samples, first draw	7.0
		21 samples, after running to waste	7.0
do.	Thornton Moor	28 samples, first draw	6.9
		28 samples, after running to waste	6.9
Intermediate	Chellow Heights	49 samples, first draw	7.0
		49 samples, after running to waste	7.1
Low	Heaton	25 samples, first draw	6.85
		25 samples, after running to waste	6.85
do.	Gilstead	21 samples, first draw	6.85
		21 samples, after running to waste	6.85

Of the 386 samples, 1 showed lead content. This case was reported to the Waterworks Engineer who forthwith took steps to adjust the degree of hardness of the water in question. Repeat samples proved the efficacy of his action.

(vii) *Number Supplied with Water*

The area of supply of the Corporation includes the whole of the city with the exception of some 130 houses in Esholt, which are supplied with water by the Yeadon Water Company, Ltd.

In the area of the city generally supplied by the Corporation, about 100 houses are without a piped supply from public water mains. These premises, mostly in outlying districts, draw water from wells, springs, etc. It is hoped soon to give to these remaining premises a piped supply.

Following the extension of the water main from Baldwin Lane, Clayton, to Station Road, Queensbury (completed in November, 1955), the following farms and cottages received a piped supply:

Ghill Farm and cottage.

Myrtle Grove Farm and cottage.

Fiddlers Farm.

There are no stand pipe supplies.

Appendix

Table I *Vital Statistics of Whole District, 1945-1955*

Year	Population estimated to Middle of each Year	BIRTHS		TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE DISTRICT			
		Un-corrected Numbers	Net	Number	Rate	of Non-residents registered in the District	of Residents not registered in the District	Under 1 Year of Age	At all Ages	Rate per 1,000 Births	Number
1945	..	4,313	4,136	15.84	4,169	423	156	271	65	3,902	14.9
1946	..	5,871	5,404	19.39	4,371	471	135	265	49	4,035	14.4
1947	..	6,473	6,334	22.23	4,782	494	151	380	59	4,439	15.6
1948	..	5,599	5,439	18.84	4,193	467	145	235	43	3,871	13.4
1949	..	5,344	5,048	17.3	4,637	592	178	191	38	4,223	14.5
1950	..	5,111	4,906	16.7	4,517	497	153	185	38	4,173	14.2
1951	..	4,919	4,769	16.4	5,008	731	179	208	43	4,456	15.4
1952	..	4,885	4,744	15.9	4,372	638	211	155	33	3,945	13.7
1953	..	4,871	4,653	15.9	4,502	554	111	169	36	4,059	14.2
1954	..	4,942	4,702	16.4	4,789	698	145	146	31	4,236	14.8
1955	..	4,913	4,641	16.2	4,533	652	131	130	28	4,012	13.6

Table 2 *Vital Statistics in Bradford, 1920-1955*

Year		Population	Birth Rate	Death Rate	Infantile Mortality Rate
1920	..	293,979	20·52	13·31	93
1921	..	291,100	19·57	13·72	109
1922	..	291,300	17·92	14·02	87
1923	..	290,800	18·19	13·75	78
1924	..	290,200	16·94	14·86	92
1925	..	290,200	16·63	13·97	95
1926	..	288,700	16·31	13·58	92
1927	..	293,200	14·73	14·57	92
1928	..	288,500	15·32	13·60	69
1929	..	289,200	15·03	15·66	80
1930	..	293,254	14·92	13·45	75
1931	..	300,900	13·56	14·21	71
1932	..	296,300	13·56	13·89	75
1933	..	295,100	13·22	14·68	79
1934	..	293,650	13·68	13·35	62
1935	..	292,200	13·55	14·28	64
1936	..	290,500	13·42	14·93	82
1937	..	289,510	13·85	14·64	69
1938	..	288,700	13·51	13·76	58
1939	..	287,500	12·42	14·91	61
1940	..	*271,700	12·81	15·85	68
1941	..	*270,310	12·35	14·81	68
1942	..	*264,800	13·90	13·29	50
1943	..	*260,300	14·46	14·43	58
1944	..	*261,890	16·15	15·00	53
1945	..	*262,660	15·84	14·90	65
1946	..	*279,040	19·39	14·46	49
1947	..	284,900	22·23	15·60	59
1948	..	288,500	18·84	13·41	43
1949	..	291,600	17·3	14·50	38
1950	..	294,300	16·7	14·2	38
1951	..	289,800	16·4	15·4	43
1952	..	288,000	15·9	13·7	33
1953	..	286,600	15·9	14·2	37
1954	..	286,500	16·4	14·8	31
1955	..	286,400	16·2	13·6	28

* Civil Population

Table 3

Public Health (Tuberculosis) Regulations, 1952

Summary of Notifications of Tuberculosis during 1955

Age Periods	Number of Primary Formal Notifications of New Cases of Tuberculosis													Total (all ages)	* Total
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—		
Respiratory, Males ..	—	—	2	2	2	12	17	30	24	37	24	14	—	164	14
Respiratory, Females ..	1	—	5	6	5	17	14	15	14	9	4	—	—	90	3
Non-respiratory, Males ..	—	1	1	—	1	3	3	—	—	3	—	1	—	13	—
Non-respiratory, Females	—	1	1	—	3	1	—	3	1	—	—	—	—	10	1
Totals ..														277	18
Grand Total														295	

* New cases of tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification (i.e., death returns from local registrars, transferable deaths from Registrar General, and post humous notifications).

Table 4 *Age Distribution of Cases of Infectious Disease, 1955*

Disease		At all ages	Under 1	At ages—years						25 and un- over known
				1-2	3-4	5-9	10-14	15-24		
Scarlet Fever	..	332	—	38	92	176	19	6	1	—
Measles	.. ..	5,414	166	1,362	1,718	2,083	31	10	8	36
Whooping Cough	..	324	26	76	94	118	5	1	1	3
Poliomyelitis—										
Paralytic	..	32	—	5	5	9	2	4	7	—
Non-paralytic	..	8	—	—	2	3	1	1	1	—

				At all ages	Under 5	5-14	15-44	45-64	65 and over	Age un- known
Meningococcal Infection..				5	5	—	—	—	—	—
Encephalitis—										
Infective				4	1	3	—	—	—	—
Post-infectious				5	4	1	—	—	—	—
Puerperal Pyrexia				45	—	—	45	—	—	—
Ophthalmia Neonatorum ..				7	7	—	—	—	—	—
Pemphigus				—	—	—	—	—	—	—
Paratyphoid Fever				1	—	—	—	—	1	—
Dysentery				223	126	33	29	9	1	25
Infective Enteritis				1,029	427	173	289	99	29	12
Food Poisoning				18	5	2	2	3	—	6
Salmonellosis				178	64	21	21	12	3	57
Tuberculosis—										
Pulmonary				254	8	15	143	74	14	—
Non-pulmonary				25	4	5	12	3	1	—
Pneumonia				382	77	44	94	90	75	2
Erysipelas				50	3	6	17	19	5	—

Table 5 *Dental Care of Expectant and Nursing Mothers and Pre-School Children. Summary of Work Done, 1955*

	No. of Patients	No. of Visits	Extractions	Fillings	Extractions	Fillings	Scaling and Polishing	Dressings	Polishing and Trimming	Fillings	General Anaesthetics	Local Anaesthetics	Full Dentures	Partial Dentures	Denture Repairs	Root Treatment	Ag. No. 3	Fraenum Excised	Gingivectomy	X-rays
St. Luke's Hospital																				
Ante-Natal	43	143	—	—	243	20	1	3	1	24	36	22	5	1	—	—	—	—	—	—
Edmund Street Ante-Natal	588	1689	—	—	1568	148	25	19	2	204	299	111	72	16	—	—	—	—	—	—
Occupational Centre ..	19	26	25	—	27	—	—	—	—	25	1	—	—	—	—	—	—	—	—	—
Pre-School Children ..	680	904	1253	45	—	—	—	—	—	778	—	—	—	—	—	—	—	—	—	—
Child Clinic — Day Nurseries	49	104	66	65	—	—	—	1	—	48	1	—	—	—	—	—	—	—	—	—
School Children ..	52	172	3	1	29	11	2	—	—	8	12	—	38	4	—	—	—	—	—	—
Odsal Health Centre—Expectant and Nursing Mothers ..	58	161	—	—	104	33	5	4	—	12	19	—	—	—	7	2	—	—	—	4
Odsal Health Centre—Pre-School Children	41	48	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	1530	3247	1362	111	1971	212	33	27	3	1099	368	133	115	28	2	—	—	—	—	4

Table 6 *Food Premises Registered under Section 14, Food and Drugs Act, 1938, and Dairies Registered under Milk and Dairies Regulations, 1949-1954. Number of Inspections, 1955*

	Number of Number Inspections	
<i>Section 14, Food' and Drugs Act, 1938</i>		
Premises used for the sale, storage or manufacture of ice cream	562	1,426
Premises used for the preparation of sausages or potted, pressed, pickled or preserved meats	262	758
Premises used for the preparation of fish by any process of cooking (fried fish shops)	281	615
<i>Milk and Dairies Regulations, 1949-1954</i>		
Dairies	49	312

Table 7 *Number of Food Premises by Type of Business as at 1955*

Type of Business	Number
Bakehouses (including 15 basement bakehouses) ..	363
Butchers' Shops	419
Confectioners' Shops	443
Fish, Fruit and Game Shops	374
Grocers' Shops	952
Fish Friers' Shops	283
Tripe Shops	37
Sweets Shops	331
Public Houses	400
Clubs	120
Restaurants and Cafes	278
Ice Cream Manufacturers	9
Mineral Water Manufacturers	12
Potato Crisps Manufacturers	2
Pickle Manufacturers	2
Wholesale Miscellaneous Food Warehouses	125
	4,150

There are now 4,150 premises within the city where food is sold, handled, prepared or stored for sale for human consumption (not including industrial canteens, school dining rooms, etc.).

Table 8 *Number of Shops, and Premises other than Shops to which the Shops Act, 1950 applies (not included in the above table) by Type of Business, as at 1955*

Type of Business	Number
Boot Repairers and Grindery	169
Chemists and Druggists	127
China and Glassware	19
Drapers	223
Electrical and Wireless	119
Florists	34
Furnishers.. .. .	134
Hardware, Ironmongery.. .. .	173
Hairdressers	411
Jewellers	45
Motors, Cycles, Petrol	135
Newsagents	279
Pawnbrokers	17
Photographers	15
Wearing Apparel	519
Wallpaper and Decorators	56
Mixed Businesses	122
Miscellaneous Trades	222
Wholesale Shops and Warehouses	170

Table 9 *Administration of the Food and Drugs Act, 1938, and the Shops Act, 1950, during 1955*

Complaints investigated	31
Notices served	1
Informal letters sent	41
Notices complied with	—
Food and Drugs Act, Section 13. Contraventions rectified:—	
(a) Sanitary conveniences in direct communication with food room amended	1
(b) Drains in food premises abolished	2
(c) Walls, ceilings, floors, windows and doors repaired	15
(d) Walls, ceilings and doors painted, white washed or cleansed	109
(e) Use of sleeping rooms directly connected to food premises discontinued	—
(f) Ventilation provided or improved	3
(g) Refuse removed and floors cleansed	19
(h) Dirty clothing cleansed or removed and apparatus cleansed	4
(i) Hot water, wash basins, soap and towels provided	14
Byelaws made under Section 15. Contraventions rectified	41
Industrial canteens visited	—
Details of work executed:—	
Additional sanitary accommodation provided	—
Ventilated space provided for sanitary accommodation	—
Water closet apartments lighted or ventilated	—
Water closet apartments cleansed	7
Water closet pedestals cleansed	2
Water closet general repairs	—
Water closet pedestals renewed	—
Water closet flushing apparatus amended	1
Waste water closet converted to W.C.	—
Soil pipes renewed	—
Waste water closets abolished	—
Choked drains cleansed	4
Drains amended	—
Drains reconstructed	—
Waste pipes trapped	—
Sinks renewed	3
Refuse bins provided	—
Urinals cleansed	—
Urinals amended or screened	—
Verminous premises dealt with	4
Other nuisances	1
Drain testing:—	
Number of volatile, colour and smoke tests—Positive	2
Number of volatile, colour and smoke tests—Negative	11
H.M. Inspector's reports investigated	—
Reports to H.M. Inspector	—
Additional work:—	
Premises proofed against rodents under the Prevention of Damage by Pests Act, 1949	—

Table 10 *Inspections and Contraventions under the Shops Act, 1950, during 1955*

Number of shops on register			7,012
Total number of inspections			273
Offences Ascertained	No. of Offences	No. of Verbal Warnings	No. of Verbal Warnings Confirmed Warnings by Letter
Prescribed form relating to half holiday of assistants not displayed	14	14	—
Correct meal times not allowed to assistants	—	—	—
Half holiday not allowed to assistants.. ..	—	—	—
Notice of day of weekly half holiday not fixed ..	7	7	—
Shop open after closing hour on weekly half holiday ..	5	5	5
Notices not displayed in mixed shops on weekly half- holiday	6	6	6
Hawking on weekly half holiday after hour fixed by Order	—	—	—
Shop open after closing hour fixed by Closing Order ..	—	—	—
Selling in places after closing hour	—	—	—
Without notice relating to seats—Form K	12	12	—
Seats not provided for female shop assistants.. ..	—	—	—
<i>Sunday Trading Restrictions</i>			
Shop open for non-exempted sales	4	4	4
Notices not displayed stating purpose for which shop open	3	3	3
Without Form VII	—	—	—
Assistants employed on more than three Sundays in a month	—	—	—
Assistants not allowed a compensatory holiday ..	—	—	—
<i>Young Persons</i>			
Abstract relating to young persons not displayed— Forms H and J	1	1	—
Young persons employed more than 48 hours per week	—	—	—
Young persons employed in shop after being em- ployed in factory for permitted hours	—	—	—
Without schedule of young persons hours—Form F	1	1	—
Without overtime record—Form G	—	—	—
Young persons employed overtime in excess of yearly limit	—	—	—
Overtime worked by young persons in more than 6 weeks	—	—	—
TOTALS	53	53	18

Table II *Number of Samples Procured and Examined in 1955*

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	Formal	In- formal	Total	Formal	In- formal	Total
Apricots in Syrup.. ..	-	1	1	-	-	-
Aspirin	-	1	1	-	-	-
Backache Pills	-	1	1	-	-	-
Baking Powder	-	7	7	-	-	-
Beef and Pork Sausage	-	1	1	-	-	-
Beef Sausage	1	32	33	-	-	-
Beef Suet	-	4	4	-	-	-
Biscuits	-	1	1	-	-	-
Boric Acid Ointment	-	1	1	-	-	-
Brawn	-	3	3	-	-	-
Brisket of Beef	-	1	1	-	-	-
Brown Loaf	-	1	1	-	-	-
Bun Flour	-	1	1	-	-	-
Butter	-	6	6	-	-	-
Cake Mix	-	2	2	-	-	-
Celery Cheese Spread	-	1	1	-	-	-
Cheese	-	2	2	-	-	-
Cheese Spread	-	4	4	-	-	-
Cheese Spread with Ham	-	1	1	-	-	-
Chicken Fillets	-	1	1	-	-	-
Chicken and Sage Savouries	-	1	1	-	-	-
Cherry Linctus	-	1	1	-	-	-
Chest and Lung Mixture.. ..	-	1	1	-	-	-
Cider	1	-	1	-	-	-
Cocoa	-	1	1	-	-	-
Coffee	-	2	2	-	-	-
Coffee and Chickory Essence	-	4	4	-	-	-
Coffee, Chickory and Sugar	-	2	2	-	-	-
Composition Essence	-	1	1	-	-	-
Comp. Tablets of Codeine B.P... ..	-	1	1	-	-	-
Condensed Milk	-	4	4	-	-	-
Cough Mixture	-	3	3	-	-	-
Cream	-	2	2	-	-	-
Currants	-	1	1	-	-	-
Curry Powder	-	2	2	-	-	-
Desiccated Coconut	-	1	1	-	-	-
Double Cream	-	1	1	-	-	-
Dressed Crab	1	11	12	1	1	2
Dripping	-	1	1	-	-	-
Egg Savoury	-	1	1	-	-	-
Fish Cake	-	4	4	-	-	-
Garden Peas	-	2	2	-	-	-
Gee's Linctus B.P.C.	-	1	1	-	-	-
Gelatine	-	2	2	-	-	-
Golden Raising Powder	-	1	1	-	-	-
Glace Cherries	-	1	1	-	-	-
Glycerine, Lemon and Ipec. Mix.	-	1	1	-	-	-
Ground Almonds	-	4	4	-	-	-
Ground White Pepper	-	1	1	-	-	-
Ham Spread	-	1	1	-	-	-
Horseradish Sauce	-	1	1	-	-	-
Ice Cream	-	26	26	-	-	-

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	In-			In-		
	Formal	formal	Total	Formal	formal	Total
Iced Lollies	-	7	7	-	-	-
Icing Sugar	-	1	1	-	-	-
Indian Quinine Tonic Water	-	1	1	-	-	-
Jam	1	7	8	-	-	-
Junior Aspirin	-	1	1	-	-	-
Karsote Lozenges	-	1	1	-	-	-
Lard	-	3	3	-	-	-
Lemonade	-	3	3	-	-	-
Lemon Cheese	-	2	2	-	-	-
Lemon Curd	-	2	2	-	-	-
Lemon Flavouring	-	4	4	-	-	-
Linseed, Liquorice and Chloro- dyne Lozenges	-	1	1	-	-	-
Liver Sausage	-	1	1	-	-	-
Luncheon Meat	-	2	2	-	-	-
Malt Vinegar	-	1	1	-	-	-
Margarine	-	6	6	-	-	-
Marmalade	1	3	4	-	-	-
Mayonnaise	-	1	1	-	-	-
Meat Paste	-	5	5	-	-	-
Meat Pie	-	2	2	-	-	-
Milks	114	969	1,083	24	29	53
Milk Chocolate Peanuts	-	1	1	-	-	-
Mincemeat	-	7	7	-	-	-
Mixed Dried Fruit	-	1	1	-	-	-
Mixed Peel	-	3	3	-	-	-
Mixed Spice	-	2	2	-	-	-
Mustard	-	1	1	-	-	-
Nerve Tonic	-	1	1	-	-	-
Nut Milk Cubes	1	-	1	-	-	-
Orange Cup	-	1	1	-	1	1
Orange Crush	-	2	2	-	-	-
Orange Curd	-	1	1	-	-	-
Orange Squash	-	1	1	-	-	-
Oxtail Soup	-	1	1	-	-	-
Pineapple Crush	-	1	1	-	-	-
Pink Ointment	-	1	1	-	-	-
Plain Flour	-	1	1	-	-	-
Pork Pie	-	1	1	-	-	-
Pork Sausage	4	21	25	-	4	4
Potted Meat	-	5	5	-	-	-
Potted Meat Paste	1	-	1	-	-	-
Powdered Gelatine	-	1	1	-	-	-
Processed Peas	-	1	1	-	-	-
Pudding	-	5	5	-	-	-
Quinine Tonic Water	-	1	1	-	-	-
Rum	3	-	3	-	-	-
Rum Butter	-	1	1	-	-	-
Salad Cream	-	1	1	-	-	-
Salmon Spread	-	5	5	-	-	-
Sauce	-	1	1	-	-	-
Self Raising Flour	-	6	6	-	-	-
Skimmed Milk	-	1	1	-	-	-
Soup	-	2	2	-	-	-
Sparkling Golden Orange	1	-	1	1	-	1

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	In-			In-		
	Formal	informal	Total	Formal	informal	Total
Sparkling Orange Crush ..	1	—	1	1	—	1
Sparkling Pineapple Crush ..	1	—	1	—	—	—
Sparkling Wonder Orange ..	—	1	1	—	—	—
Sponge Mixture	—	1	1	—	—	—
Steak and Kidney Pie ..	—	1	1	—	—	—
Stomach and Liver Mixture ..	1	1	2	1	1	2
Strawberry Jam	—	1	1	—	1	1
Sultanas	—	1	1	—	—	—
Sweetened Sponge Mixture ..	—	1	1	—	—	—
Sweets	—	9	9	—	—	—
Synthetic Colour	—	1	1	—	—	—
Table Jelly	—	6	6	—	—	—
Tea	—	3	3	—	—	—
Thick Sauce	—	2	2	—	—	—
Tinned Cream	—	2	2	—	—	—
Tinted Coconut	—	1	1	—	—	—
Tomato Ketchup	—	5	5	—	—	—
Tongue Paste	—	1	1	—	—	—
Vegetable Macedoines ..	—	1	1	—	—	—
Whipped Cream Bon Bons ..	—	1	1	—	1	1
Whisky	4	—	4	—	—	—
Yellow Colouring	—	1	1	—	—	—

Table 12 *Feeding Stuffs Samples taken in 1955*

Battery Layers Mash	2
Layers Mash	2
Pig Meal No. 1	2
Pig Meal No. 2	2
Cow Ration	1

Table 13 *Fertilisers Samples taken in 1955*

Growmore Fertiliser	2
Hoof and Horn Fertiliser ..	1
Base Fertiliser	1
Dried Blood	1

Table 14 *Meat Inspection—Carcases Inspected and Condemned, 1955*

	Cattle	Calves	Sheep and Lambs	Pigs	Horses
Number killed in public abattoir ..	20,532	6,419	59,500	38,713	—
Number killed in private slaughter- houses	1,976	41	3,266	3,489	—
Number inspected	22,508	6,460	62,766	42,202	—
<i>All Diseases except Tuberculosis and Cysticerci:—</i>					
Whole carcases condemned	33	48	45	61	—
Carcases of which some part or organ was condemned	4,907	14	1,119	998	—
Percentage of number inspected af- fected with disease other than tuberculosis and cysticerci	21.94	0.96	1.85	2.5	—
<i>Tuberculosis only:—</i>					
Whole carcases condemned	104	4	—	15	—
Carcases of which some part or organ was condemned	1,444	—	—	507	—
Percentage of number inspected af- fected with tuberculosis	6.88	0.06	—	1.24	—
<i>Cysticercosis:—</i>					
Carcases of which some part or organ was condemned	66	—	—	—	—
Carcases submitted to treatment by refrigeration	66	—	—	—	—
Generalised and totally condemned ..	—	—	—	—	—

Table 15 *Whole Carcases and Organs Condemned, 1955*

	Cattle	Calves	Sheep	Pigs
Bruising, generalised	1	—	1	—
Carcinoma, generalised	1	—	—	—
Decomposition	—	—	—	2
Dead on arrival	—	4	11	10
Emaciation	—	3	—	2
Fevered	7	7	1	13
Immaturity	—	22	—	—
Jaundice	—	2	—	2
Mastitis, gangrenous	1	—	—	—
Metritis, septic	—	—	—	1
Oedema, generalised	7	1	2	6
Pericarditis, septic	4	—	—	—
Peritonitis, septic	7	—	—	3
Poliarthritis, septic	—	9	—	—
Pyaemia	1	—	—	3
Pneumonia, septic	1	—	—	—
Parasitic emaciation and oedema ..	—	—	26	—
Septicaemia	3	—	2	10
Sarcoma, generalised	—	—	2	—
Sapraemia	—	—	—	1
Swine erysipelas	—	—	—	8
Tuberculosis, generalised	104	4	—	15
Totals	137	52	45	76

Table 16 *Partial Carcasses and Organs Condemned, 1955*

		Partial Carcase	Lungs	Heart	Stom- ach	Intes- tines	Liver	Pluck	Head
Inflammatory Conditions	{ Cattle	7	482	406	208	212	559	—	273
	{ Sheep	5	—	—	—	—	61	156	—
	{ Calves	9	—	—	—	—	—	5	—
	{ Pigs	18	—	—	—	479	—	161	14
Parasitic Conditions	{ Cattle	—	225	14	18	103	2097	—	66
	{ Sheep	4	—	—	—	—	610	176	—
	{ Calves	—	—	—	—	—	—	—	—
	{ Pigs	—	—	—	—	84	56	145	—
Tuberculosis	{ Cattle	46	645	36	137	122	121	—	337
	{ Sheep	—	—	—	—	—	—	—	—
	{ Calves	—	—	—	—	—	—	—	—
	{ Pigs	16	—	—	—	57	—	98	336
Miscellaneous	{ Cattle	42	30	68	47	22	59	—	35
	{ Sheep	7	—	—	—	—	44	56	—
	{ Calves	—	—	—	—	—	—	—	—
	{ Pigs	18	—	—	—	11	—	9	3

Table 17 *Total Weight of Meat Condemned, 1955**Home Killed*

		lbs.
Beef:	whole carcasses ..	65,339
	part ..	10,955
Mutton:	whole carcasses ..	1,979
	part ..	280
Veal:	whole carcasses ..	2,210
	part ..	104
Pork:	whole carcasses ..	12,199
	part ..	1,533
	Total ..	94,599

Imported Meat and Meat Products

Beef	..	..	..	..	..	2,494
Pork	..	..	..	..	..	20
Mutton	..	..	..	..	..	40
Bacon	..	..	..	..	..	1,314
Ham	..	..	..	..	..	416
Poultry	..	..	..	..	..	96
Ox Kidneys	..	..	..	..	..	59
Pork Sausages	..	..	..	..	..	325
Sheep Hearts	..	..	..	..	..	280
			Total	..	..	5,044

Weight of Offals Condemned

Beef	..	..	..	..	..	121,697
Mutton	..	..	..	..	..	4,705
Veal	..	..	..	..	..	582
Pork	..	..	..	..	..	25,037
			Total	..	..	152,021

The total weight of meat condemned was 251,664 lbs., that is 112 tons, 7 cwts. In addition, the following weight of tinned meats was condemned: 2 tons, 18 cwts., 91 lbs.

Table 18 *Various Condemned Foods, 1955*

					tons	cwts.	qrs.	lbs.
Apples	..	..	..	..	—	6	2	2
Bananas	..	..	..	..	1	5	—	—
Beans	..	..	..	..	—	3	2	—
Cabbages	..	..	..	..	4	18	2	—
Carrots	..	..	..	..	4	13	2	—
Cauliflowers	..	..	..	..	—	12	2	—
Cheese	..	..	..	..	—	—	3	15
Dressed poultry	..	..	..	..	—	—	2	24
Dried egg	..	..	..	..	—	1	2	21
Dried fish	..	..	..	..	—	5	1	—
Dried fruit	..	..	..	..	—	—	3	2
Fish cakes	..	..	..	..	—	—	—	18
Frozen egg	..	..	..	..	—	2	2	—
Frozen prawns	..	..	..	..	—	—	1	4
Grapes	..	..	..	..	—	1	2	—
Leeks	..	..	..	..	—	1	2	—
Mushrooms	..	..	..	..	—	2	1	—
Onions	..	..	..	..	2	17	—	—
Peas	..	..	..	..	1	4	2	16
Pigeons	..	..	..	..	—	—	—	24
Potatoes	..	..	..	..	6	16	—	—
Rabbits	..	..	..	..	—	2	2	5
Savoys	..	..	..	..	—	3	2	—
Shellfish	..	..	..	..	1	6	1	—
Sprouts	..	..	..	..	—	15	2	24
Wet fish	..	..	..	..	1	9	1	26
Miscellaneous	..	..	..	..	—	1	2	11
Total	..	..	..	..	27	13	3	24

Table 19 *Condemned Tinned Goods, 1955*

							No. of tins
Fruit	..	..	..	..	..	..	1,983
Vegetables	..	..	..	..	..	..	2,217
Milk	..	..	..	..	..	..	624
Fish	..	..	..	..	..	..	325
Soup	..	..	..	..	..	..	25
Miscellaneous	..	..	..	..	..	..	382
Total	..	..	..	..	..	..	5,556

(the weight of tinned meat condemned is given in Table 17)

Table 20 *Particulars of Work Done by District Sanitary and Housing Inspectors during 1955, with Comparative Figures for 1954*

<i>Inspection of Dwellings:—</i>	1954	1955
No. of houses inspected under Housing Acts	1,444	1,691
No. of houses in respect of which notices were served requiring repairs	135	79
No. of houses rendered fit after formal notice:—		
(a) by owners	81	78
(b) by L.A. on default	11	19
No. of houses rendered fit without service of formal notices ..	65	49
No. of re-visits	2,543	2,788
No. of houses let in lodgings inspected	53	121
No. of notices served—owners	15	4
occupiers	2	1
lodgers	—	—
No. of notices complied with	6	10
No. of overcrowded houses visited	12	118
No. of houses decrowded	3	1
No. of houses demolished in pursuance of demolition orders ..	10	6
No. of houses inspected under Public Health Acts	14,097	12,749
No. of notices served requiring defects to be remedied at these houses	2,203	1,466
No. of notices complied with:—		
(a) by owners	1,522	1,161
(b) occupiers	42	60
(c) by L.A. on default	216	487
No. of houses rendered fit without service of formal notices ..	599	553
No. of revisits	21,395	18,607
No. of common lodging houses visited	191	23
No. of notices served	58	21
No. of notices complied with	15	22
<i>Inspections and Visits:—</i>		
No. of complaints investigated	4,303	4,091
No. of visits and inspections (other than dwelling houses) ..	2,324	1,627
No. of schools inspected	132	79
No. of graveyards inspected	—	3
No. of cinemas inspected	146	96
No. of piggeries inspected	119	16
No. of offensive trade premises inspected	60	49
No. of second-hand furniture and clothing shops visited ..	163	98
No. of public sanitary conveniences inspected	145	131
<i>Miscellaneous Nuisances, etc.:—</i>		
Dangerous places referred to City Engineer	60	67
Absence of or defective dustbins referred to Cleansing Department	105	79
Choked sewers and street gulleys reported	278	286
Wastes of water reported to Waterworks Department	132	148
Samples of water taken for:—		
(a) chemical analysis	336	344
(b) bacteriological examination	320	320
Premises dealt with under Prevention of Damage by Pests Act, 1949	28	26
<i>Factories and Workplaces:—</i>		
No. of factories inspected	5	2
No. of workplaces inspected	8	—
No. of smoke observations	15	1

Drain Testing:—

Number of volatile tests	Positive	1954	1955
	Negative	59	48
Number of colour tests	Positive	547	401
	Negative	485	359
Number of smoke tests (rocket)	Positive	1,724	1,491
	Negative	66	58
Number of smoke tests (machine).. .. .	Positive	108	117
	Negative	6	3
Number of water under pressure tests	Positive	19	5
	Negative	349	289
		917	659

Drainage and Sanitary Arrangements:—

Choken drains cleansed	746	689
Drains amended	648	812
Drains reconstructed	951	895
Extra drains provided	754	592
Cellars drained	16	2
Drains underneath houses abolished	11	9
Drainage systems intercepted from sewer	34	130
Open drain inlets trapped	50	20
Waste pipes trapped	141	150
Waste pipes disconnected	375	256
Rainwater pipes disconnected	425	405
Rainwater conductors repaired or renewed	671	529
Sinks replaced	156	115
Sink waste pipes repaired or renewed	137	163
Water closet pedestals renewed	76	208
Water closets and flushing apparatus repaired	137	179
Water closets cleansed	40	53
Water closet apartments cleansed and limewashed	51	41
W.C. apartments properly lighted and ventilated	33	43
General repairs to water closets	366	326
Additional W.C. accommodation provided	510	416
Soil pipes repaired or renewed	57	38
Privy apartments cleansed and limewashed	9	—
Privy structures abolished	1	2
Privies converted to—W.C.s	3	52
Chemical closets	15	—
Ashpits abolished and dustbins substituted therefore	22	—
Urinals cleansed, amended or screened	9	—
Urinals remodelled	—	1
New urinals provided	—	1

Dwelling Houses, etc.:—

Dampness excluded	703	885
Roofs repaired	564	639
Houses or parts cleansed and limewashed	33	22
Verminous houses disinfested	49	39
Ventilation improved	42	17
Window cords repaired or renewed	594	496
Lighting improved	6	26
General repairs executed	1,764	1,690
Cooking ranges repaired or renewed	120	98
Washing coppers provided or renewed	16	3
Handrails provided	3	2
New food stores provided and ventilated	—	7
Water supply improved	173	213
Houses supplied with city water supply	10	5
Outbuildings repaired	16	10
Septic tank and filter installations provided	1	—
Effluvium nuisance abated	42	33

<i>Courts, Back Yards, Stable Yards, etc.:—</i>							1954	1955
Yard and passage paving repaired	..	..	..	..	..	..	12	9
Yards re-paved	..	..	..	..	..	..	5	—
Yards and passages newly paved	..	..	..	..	..	..	—	—
Yards cleansed	..	..	..	..	..	..	23	12
Passages cleansed and limewashed	..	..	..	..	..	..	1	—
Manure pits repaired	..	..	..	..	..	..	—	—
Manure pits provided	..	..	..	..	..	..	2	—
<i>Keeping of Animals, etc.:—</i>								
Improper keeping of swine prohibited	..	..	..	..	..	..	9	1
Piggeries repaired	..	..	..	..	..	..	—	—
New piggeries provided	..	..	..	..	..	..	1	—
Piggeries abolished or disused	..	..	..	..	..	..	14	1
Improper keeping of fowls, etc., prohibited	..	..	..	..	..	..	11	7
Accumulations of offensive matter, etc., removed	..	..	..	..	..	..	77	96
Accumulations of manure removed	..	..	..	..	..	..	107	48

Table 21 *Factories Acts, 1937 and 1948*

Inspections for purposes of provisions as to health in 1955

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.. ..	270	300	25	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,450	744	72	1
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	30	6	—	—
Total	2,750	1,050	97	1

Cases in which defects were found

Particulars	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	No. of cases in which prosecutions were instituted
Want of cleanliness (S.1) ..	12	22	—	2	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	13	18	—	5	—
Inadequate ventilation (S.4) ..	1	3	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	4	6	—	5	—
(b) Unsuitable or defective ..	29	36	—	29	1
(c) Not separate for sexes ..	1	2	—	1	—
Other offences against the Act (not including offences relating to Outwork)	61	72	4	23	—
Total	121	159	4	65	1

Table 22 *Summary of Work Executed in Factories and Workplaces, 1955*

Summary of Work Executed							Factories	Work-places
No. of additional W.C.s provided	..	..	..	..	..	..	25	12
No. of additional urinals provided	..	..	..	..	..	..	6	—
No. of obsolete urinals renewed	..	..	..	..	..	..	—	—
No. of existing conveniences provided with:—								
(1) Sufficient ventilation	..	..	..	..	..	..	44	—
(2) Intervening ventilated spaces	..	..	..	..	..	..	54	—
(3) Notices indicating sex of user	..	..	..	..	..	..	24	—
(4) Effective screening	..	..	..	..	..	..	2	—
(5) Separate approaches	..	..	..	..	..	..	—	—
(6) Effective lighting by day	..	..	..	..	..	..	—	—
(7) Effective lighting by night	..	..	..	..	..	..	119	2
(8) Lavatory basins	..	..	..	..	..	..	38	14
(9) Drinking fountains	..	..	..	..	..	..	1	—
No. of Conveniences in connection with which:—								
(1) (a) Top and walls were white-washed, colour-washed or otherwise cleansed	..	..	..	..	..	..	53	—
(b) Surfaces were painted, renewed or satisfactorily cleansed	..	..	..	..	..	..	21	3
(2) Sanitary fittings were repaired	..	..	..	..	..	..	14	2
(3) General repairs to structure were carried out	..	..	..	..	..	..	30	—
(4) Drains, soil pipes, ventilating shafts were repaired or renewed..	..	..	..	..	..	..	—	—
(5) Drains were cleansed	..	..	..	..	..	..	3	—
(6) Drains were amended or reconstructed	..	..	..	..	..	..	2	2
(7) New drains were provided	..	..	..	..	..	..	11	11
Drain Testing:—								
No. of colour tests — P	..	..	..	..	..	..	6	—
N	..	..	..	..	..	..	16	16
No. of volatile tests — P	..	..	..	..	..	..	—	—
N	..	..	..	..	..	..	—	—
No. of smoke tests — P	..	..	..	..	..	..	—	—
N	..	..	..	..	..	..	—	—
No. of hydraulic tests—P	..	..	..	..	..	..	—	—
N	..	..	..	..	..	..	—	—

* Enforced by H.M. Factories Inspector but incorporated in schemes supervised by Local Authority Factory Inspector.

Table 23

Factories Act, 1937, Sections 110 and 111

Number of Outworkers Engaged in Various Trades as at August 1955

Nature of Work	No. of outworkers in August list required by Section 110 (1) (c)	SECTION 110		SECTION 111		
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, making, etc. ..	356	—	—	—	—	—
Household linen ..	6	—	—	—	—	—
Curtains and furniture hangings	5	—	—	—	—	—
Furniture and uphol- stery	8	—	—	—	—	—
Umbrellas, etc. ..	1	—	—	—	—	—
Brush making ..	2	—	—	—	—	—
Textile weaving ..	505	—	—	—	—	—
Total ..	883	—	—	—	—	—

Table 24 *Atmospheric Pollution—Annual Deposits, 1945–1955*
(Tons per Square Mile)

Year	Total Solids	Water-insoluble Matter			Water-soluble Matter		
		Soluble in CS ₂ (Tarry Matter)	Insoluble in CS ₂ (Combustible Matter)	Ash	Sulphate as SO ₄	Chlorine as Cl	Lime as Ca
North							
1945	194.91	3.60	36.12	40.34			
1946	157.63	4.05	20.40	31.48	29.31	19.96	7.90
1947	214.10	2.96	36.31	74.52	36.17	24.43	8.31
1948	166.39	3.46	23.76	38.04	29.13	17.56	3.37
1949	177.48	2.71	28.29	39.93	21.20	16.14	1.76
1950	162.97	2.07	28.31	55.42	32.40	18.97	3.49
1951	190.03	5.00	24.01	58.01	25.21	19.85	3.49
1952	181.90	2.06	25.10	54.23	31.94	19.28	3.81
1953	192.01	1.26	33.12	57.96	30.77	18.39	3.04
1954	181.70	1.81	23.70	42.02	37.96	12.75	3.33
1955	128.36	1.32	18.90	42.94	48.06	15.72	4.19
					34.90	11.89	2.29
Central							
1945	276.86	3.82	53.35	80.20			
1946	255.92	5.30	40.01	78.89	34.34	23.20	8.61
1947	232.00	4.25	45.41	81.11	42.34	32.61	6.05
1948	233.28	3.65	44.33	75.15	31.20	22.11	5.26
1949	222.77	2.89	37.46	60.27	30.58	23.73	3.53
1950	223.94	2.63	48.90	83.67	38.00	24.51	4.53
1951	250.08	6.35	49.03	78.57	28.46	23.96	3.95
1952	231.18	2.97	49.74	73.21	32.60	33.13	4.68
1953	194.74	1.63	39.64	61.25	32.29	21.04	4.52
1954	284.02	3.14	61.53	88.94	32.18	16.54	4.61
1955	213.90	1.69	36.96	67.49	48.18	23.06	4.88
					40.31	15.20	3.70
Bierley Hall							
1950	142.51	2.39	24.82	41.86			
1951	172.76	3.78	23.69	44.42	22.47	19.84	3.83
1952	132.17	1.78	21.48	33.33	32.06	16.32	4.93
1953	132.38	1.30	26.28	33.48	20.39	12.47	2.93
1954	153.26	2.02	25.70	33.29	24.45	10.44	4.06
1955	151.86	1.71	14.30	39.00	33.90	14.49	3.35
					32.07	14.30	5.42
Chellow Heights							
1950	121.27	1.98	12.37	28.88			
1951	143.45	3.56	10.16	27.70	23.81	22.52	3.86
1952	124.43	1.73	15.83	30.08	27.99	17.70	7.93
1953	114.65	1.36	13.99	23.34	27.12	15.32	3.88
1954	156.19	2.05	20.86	34.55	26.53	12.04	4.08
1955	143.39	1.46	19.50	27.76	38.55	17.69	4.73
					35.23	15.16	2.91
Ambulance Depot							
1950							
(7 mths.)	455.69	3.70	162.61	240.67	15.43	12.39	2.53
1951	807.22	11.61	241.91	437.21	41.44	18.65	7.32
1952	689.49	3.98	155.38	399.56	38.44	17.59	10.88
1953	570.40	2.62	140.09	300.55	40.00	14.20	12.23
1954	766.15	4.05	199.56	412.16	50.06	42.98	10.19
1955	276.84	1.62	68.96	121.12	28.98	9.79	3.89

Table 25 *Atmospheric Pollution — Mean Monthly Deposits, 1955*
(Tons per Square Mile)

Station	Total Solids	Water-insoluble Matter			Water-soluble Matter		
		Soluble in CS ₂ (Tarry Matter)	Insoluble in CS ₂ (Combustible Matter)	Ash	Sulphate as SO ₄	Chlorine as Cl	Lime as Ca
North	11.67	0.12	1.71	3.90	3.17	1.08	0.20
Central	17.82	0.14	3.08	5.62	3.36	1.26	0.30
Bierley Hall	12.65	0.14	1.19	3.25	2.67	1.19	0.45
Chellow Heights	11.95	0.12	1.62	2.31	2.93	1.26	0.24
Ambulance Depot	27.68	0.16	6.89	12.11	2.89	0.97	0.38

Table 26 *Housing Acts Statistics, 1955*

A.—DEMOLITION AND CLOSURE

HOUSES DEMOLISHED IN CLEARANCE AREAS

(*Housing Act, 1936, and Housing Repairs and Rents Act, 1954*)

	Houses Unfit houses	Houses Demolished Other houses	No. of persons displaced
(a) Land coloured pink and hatched yellow ..	Nil	Nil	Nil
(b) Land coloured grey	—	Nil	Nil

HOUSES NOT INCLUDED IN CLEARANCE AREAS.

(1) *Housing Act, 1936*

(a) Number of demolition orders made ..		150
	Houses	No. of persons Displaced
(b) Number of houses demolished as a result of formal or informal procedure	124	378
(c) Number of houses closed in pursuance of an undertaking given by owners under Section II and still in force ..	8	21
(d) Parts of buildings closed (Section 12)..	Nil	Nil

(2) *Housing Act, 1949*

Number of houses closed as a result of closing orders under sections 3 (1) and 3 (2)	Nil	Nil
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(3) *Local Government (Miscellaneous Provisions) Act, 1953*

Number of houses closed as a result of closing orders under sections 10 (1) and 11 (2)	8	21
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(4) *Bradford Corporation Gas and Improvement Act, 1871*

Number of houses closed	71	222
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B. REPAIRS: UNFIT HOUSES MADE FIT

	By Owner	By Local Authority
(a) As a result of informal action under the Housing or Public Health Acts		
(b) After formal notice under—	603	—
(i) <i>Public Health Acts</i>		
(ii) <i>Housing Act, 1936</i>	1,159	487
(c) Under Section 5, <i>Housing Repairs and Rents Act, 1954</i>	78	19
	Nil	Nil

C. UNFIT HOUSES IN TEMPORARY USE

Number of unfit houses retained for temporary use (<i>Housing Repairs and Rents Act, 1954</i>)	Nil
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D. PURCHASE OF HOUSES BY AGREEMENT

Houses in clearance areas, other than those included in confirmed clearance orders or Compulsory Purchase Orders purchased during the year	Nil
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